SHANTI SENIOR CITIZEN SERVICES PRIVATE LIMITED

Staff Recruitment & Registration — Caregivers | Nursing Staff | Doctors | Office Staff

STAFF RECRUITMENT & REGISTRATION FORM

(Patient Care Givers / Nursing Staff / Doctors / Office Staff — Local, National & International Deployment)

Form No.		**Date**	*DD / MM / YYYY*
Position Applied For	*Caregiver / Nursing Staff / Doctor / Office Staff*	**Branch / Office**	*Vadodara / Surat / Mumbai / Corporate Office*

1. PERSONAL DETAILS

Full Name		**Gender**	*Male / Female / Other*
Date of Birth		**Age**	
Father's / Husband's Name		**Marital Status**	*Single / Married*
Present / Residential Address			
Permanent Address	*(if different from above)*		
Contact Number			
Alternate Contact Number			
Email ID			

2. SOURCE OF APPLICANT / REFERENCE

Please tick the applicable source through which the candidate has approached the Company.

☐ State Employment Exchange ☐ Skill Development Center ☐ Nursing Institute
☐ College / University ☐ Reference (Word of Mouth) ☐ Vendor / Consultancy
☐ Walk-in Interview ☐ Company Website ☐ Other

Name of Institute / College / Vendor / Reference Person	
State / City of Applicant	

3. EDUCATIONAL QUALIFICATION

Educational Status:

☐ Educated ☐ Non-Educated / Informal Training Only

Highest Degree / Course		**Specialization / Stream**	
Name of Institute / College		**University / Board**	
Year of Passing		**Percentage / Grade / CGPA**	
Additional Certifications / Courses (Nursing, First Aid, Caregiving, etc.)			

4. PROFESSIONAL / EMPLOYMENT DETAILS

Applicant Status:

☐ Fresher ☐ Experienced

Total Years of Experience	*(if experienced)*
Previous Employer(s) & Designation	
Relevant Skills	*Patient handling, elder care, nursing procedures, first aid, office/admin skills, computer skills, languages known, etc.*
Preferred Location of Work	*Local / National (Specify State) / International (Specify Country)*
Preferred Shift	*10 Hrs Day / 12 Hrs Night / 24 Hours / Office Hours*
Employment Exchange Registration No.	*(if registered with State Employment Exchange)*

5. MEDICAL / NURSING STAFF REGISTRATION (applicable for Nursing Staff & Doctors)

Council / Board Name	*e.g. State Nursing Council, Medical Council of India / NMC*
Registration Number	
Date of Registration	
Registration Validity / Renewal Date	

6. DOCUMENT VERIFICATION CHECKLIST

☐ ID Proof (Aadhar / PAN / Passport / Voter ID) ☐ Residential Address Proof

☐ Educational Certificates & Mark-sheets ☐ Experience / Relieving Letters

☐ Medical / Nursing Council Registration Certificate ☐ Employment Exchange Card

☐ Passport Size Photographs ☐ Police Verification / Character Certificate

7. DECLARATION & LEGAL COMPLIANCE

This form does not constitute legal advice; the Company's standard employment/engagement terms and applicable statutory requirements govern the engagement.

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that any false information or concealment of material facts detected at any stage will render my candidature/engagement liable for cancellation or termination without notice.

I understand that my engagement with Shanti Senior Citizen Services Private Limited, if selected, shall be governed by applicable labour laws (including but not limited to the Minimum Wages Act, the Payment of Wages Act, the Shops & Establishments Act of the relevant state, the Contract Labour (Regulation & Abolition) Act, and other applicable central/state labour legislations), the Company's HR policies, and the Company's obligations as a private limited company registered under the Companies Act, 2013, including compliance with any applicable orders, if any, of the National Company Law Tribunal (NCLT).

I consent to the Company verifying my documents, conducting background/police verification where required, and processing my personal information solely for recruitment, deployment and statutory compliance purposes.

Signature of Applicant
Name & Date: _____

Signature — For Shanti Senior Citizen Services Pvt. Ltd.
Name, Designation & Date: _____

8. WALK-IN INTERVIEW & CONTACT DETAILS

Interview Days & Timing	*Monday to Friday, 9:00 AM to 5:00 PM*
Resume Submission Email	*sscspvt2026@gmail.com*
Confirmed Contact Number	*9825123583*
Corporate Office	A/1, Shanti Apartment, Nr. Ahmedabad International School, Bodakdev, Ahmedabad – 380015

Branch Office — Vadodara	
Branch Office — Surat	
Branch Office — Mumbai	

9. FOR OFFICE USE ONLY

Interviewed By		**Interview Date**	
Result	*Selected / Rejected / On Hold*	**Position Offered**	
Employee ID (if hired)		**Date of Joining**	