

JEEVANDAN

Cadaver Transplantation Programme, Government of Telangana Training Program for Transplant Coordinator, Academic Year: 2024-2025

Name: _____

Surname: _____

Father / Husband Name: _____

Age & DOB: _____

Gender: _____ Blood Group: _____

Permanent Residential Address: _____

Contact No: _____ Email Id: _____

*Educational Qualification details:

S. No	Qualification	College Name	University Name	Passed out Year

*Previous Experience in Hospitals: (Years/Months):

S. No	Hospital Name	Designation	Department	Experience in Years

Other working experiences: if any (Years/Months) _____

Organization/Hospital Presently working:

Hospital: _____ Department: _____

Designation: _____

Hospital Contact & Address details: _____

*Please enclose the following certificates:

1. ID Proof
2. **Certificates:** SSC, Intermediate, Degree, Additional Qualification
3. Work experience

Date & Signature of the Applicant

**Signature and Stamp
Head of Institute/Organization**

For Office Use

Remarks by Jeevandan Staff:

Registration. No: _____ (Allotted by Jeevandan)

Signature of Jeevandan

Jeevandan Cadaver Transplantation Programme

2nd Floor, Out Patient Block, NIMS Hospital, Punjagutta, Hyderabad

Ph.No: 040-23489494, 6300625242, 8885060093, Website: www.jeevandan.gov.in

Email: Jeevandan.telangana@gmail.com, ctcjeevandan.telangana@nic.in