

 SUPREMEDIQ We care for carers	Supremediq Consultancy Pvt Ltd	GSTIN:07AAVCS4524K1ZR CIN: U74140DL2015PTC276975
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Request Form for Healthcare Recruitment and Training

1 Party Details									
		Hospital				Owner			
Name									
Address									
Email ID 1									
Email ID 2									
Mobile 1									
Mobile 2									
2 Contact Person (if contact person is not the owner)									
Name				Designation					
Mobile				Email ID					
3 Hospital Details									
		Hospital Start Date		DD/MM/YYYY		Indoor Beds		Total Employees	
4 Recruitment for following Posts									
SN	Designation		Date of Joining		Qualification	Experience	Package/Salary		Benefits
1									
2									
3									
4									
5									
5 Training/Professional Development Request (Please fill in details)									
SN	Topic/Skill Set		Details				Date	No of Candidate	
1									
2									
3									
4									
5									
6 Where from did you heard about us? (Please Tick)									
A	SUPREMEDIQ.COM	F	India Mart	K	Facebook	Q	SCPL Customer/Vendor/Friend		
B	Google Search	G	Just Dial	L	Twitter				
C	Bing Search	H	Sulekha	M	Instagram				
D	Yahoo Search	I	Yellow Pages	N	WhatsApp	S	Party Customer/Vendor/Friend		
E	Other Search Engine	J	Other Directory	O	Other Socialmedia				

Signature:

Name:

Date & Place: