

CANDIDATE INTERVIEW FORM

Sr. No.	Particulars	Details				
1	Interview Date					
2	Position Applied For					
Your Contact details						
3	First Name and Last Name					
	Preferred Name					
	Address:	Present Address:-			Permanent Address:-	
	Home Telephone No					
	Mobile No					
	Email Address					
Parents/ Guardian Details						
4	Name of the Parent/ Guardian					
	Occupation					
	Telephone No					
	Mobile No					
	Email Address					
Education Credentials (Tick Appropriately)						
5	High School	<input type="checkbox"/>				
	Diploma	<input type="checkbox"/>				
	Graduate	<input type="checkbox"/>				
	Post-Graduate	<input type="checkbox"/>				
	Others (Please Specify)	<input type="checkbox"/>				
6	Have you ever been convicted in any court of law (If Yes please provide details)	Yes			No	
7	Are you physically Fit/ Challenged (If Yes please provide details)	Yes			No	
8	The training period for the job is between 1 to 3 months. Are you ready to undergo training (Tick appropriately)	Yes			No	
9	You are required to work for a minimum period after successful training (Tick appropriately)	Agreeable			Not Agreeable	
10	The service level contract after the training is ----> Which one would you like to choose? (The compensation & perks differ based on the terms of the contract?) (Tick appropriately)	1 Year	2 Years	3 years	4 Years	5 years & above
11	If Offered employment the original degree certificates need to be deposited with HR till the Service Level Agreement gets expired. (Tick appropriately)	Acceptable			Not Acceptable	
12	Where did you hear about the company (Tick appropriately)	Referred by friend		Website		Walk-in Adv
		Others (Please specify)				
13	Have you been previously interviewed by our organization. (If yes specify the details)	Yes			No	
14	Do you have personal situations or circumstances which may affect your ability to perform the job you are applying for either now or in the foreseeable future including any scheduled or planned leaves. (If yes, describe) (For e.g. Marriage/Higher Studies)	Yes			No	
15	Do you have any injury, physical disability, medical or psychological condition you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for or impact on the company / business / staff's. (If yes, describe)	Yes			No	
16	Do you agree to undergo medical examination if required	Yes			No	
17	Do you hold a valid passport. If yes,	Passport No:			Validity	

18	Provider two reference details for verification (Name, address & contact number)					
19	Previous work Experience (If any):-					
20	If you are experienced in the Medical Coding / Chart Review Process profession, what's your salary expectation. (Please specify the CTC per month).					
21	If selected, what is the period of notice would be required to be given for your current employer	1 week		2 weeks		3 weeks
		4 weeks		5 weeks		6 weeks
22	Previous Employment Credentials (Not Applicable for Fresher's)	Name of the company	Designation	Months / Years of Exp	Immediate Supervisor	
23	Only to be filled by FRESHER: (Tick for "No")	If Yes, specify Partial, Average or Fluent				
	a) Knowledge of Keyboard skills	Yes		No		
	b) Knowledge of MS Office	Yes		No		
	c) Knowledge of English Communication	Yes		No		
Note:						
All the fresher's will be paid consolidated pay till they are absorbed in the Live Process. During the training no leave shall be granted for both Fresher's & Experienced.						
DECLARATION						
Declare that to the best of my knowledge the answers in this candidates interview form are correct and I understand that if any false or deliberately misleading information is given or any material fact suppressed, it will not be accepted or if I am employed my employment will be terminated.						
This declaration applies to all information's provided on this form or by resume or by any supporting documentation including written reference and evidence of qualifications.						
Name						
Signature						
Date						