



**EMPLOYEES' STATE INSURANCE CORPORATION
MEDICAL COLLEGE, GULBARGA**

[Ministry of Labour & Employment, Govt. Of India]

SEDAM ROAD, GULBARGA-585106

Email: deanmc-gb.kar@esic.nic.in

Tel. No.: 08472-265546/47/48

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**APPLICATION FORM FOR ENGAGEMENT OF JUNIOR RESIDENT & TUTOR ON
CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE, KALABURAGI**

1. Name in full (in block letter) :
2. Father's/ Husband's Name :
3. Date of Birth (in figures) :
- (in words):
4. Religion :
5. Mailing Address :
6. (a) E-Mail :
- (b) Mobile No. :
7. Permanent Address :

Paste Recent
Passport size
Photo

1. Sex (write 1 for Male, 2 for Female, 3 for Transgender) :

2. (i) Whether Ex-Serviceman : Yes / No
(ii) Whether ESIC/ Govt. Employee : Yes / No

3. Community to which applicant belongs :
Write 1 for SC, 2 for ST, 3 for OBC, 4 for General

11. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (Graduate level onwards)

(Attach annexure, if necessary)

Name & Address of College	University	Duration		Degree/Examination Pass	Subject	Percentage of marks obtained
		From	To			

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12. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER):

Teaching experience certificate to be furnished. (Add extra rows if necessary)

Name of the Institute	Position (s) held	Period of service		Institution Type (Govt. / Pvt.)	Whether Experience recognized by MCI
		From	To		

13. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents)

- | | |
|-----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |
| 13. | 14. |
| 15. | 16. |

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information being found false or incorrect at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without notice or any compensation in lieu thereof.

I also confirm that No Objection from the Present Employer for applying this post has been applied for / taken.

Place:

Date:

Signature of the Candidate

(Name & Address of the authority issuing the certificate)

INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt/Kumari _____
 son/daughter/wife of _____ permanent resident of
 _____, Village/Street _____ Post Office
 _____ District _____ in the State/Union Territory
 _____ Pin Code _____ whose photograph is
 attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her
 "family"*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____.
 His/her family does not own or possess any of the following assets***.

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

Shri/Smt/Kumari _____ belongs to the
 _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other
 Backward Classes (Central List).

Recent Passport
 size attested
 photograph of the
 applicant

Signature with Seal of Office _____

Name _____

Designation _____

* Note 1: income covered all sources i.e salary, agriculture, business, profession, etc.

** Note 2: The terms "Family" for this purpose include the person, who seeks benefit of reservation, his /her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*** Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.