



कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
चिकित्सा महाविद्यालय, पी.जी.आई.एम.एस.आर एवं आदर्श अस्पताल
Medical College, PGIMSR & MODEL HOSPITAL
राजाजीनगर, बेंगलूरु - 560 010
Rajajinagar, Bangalore - 560 010

भारत सरकार का श्रम एवं रियमर मंत्रालय
(Ministry of Labour & Employment, Govt. of India)
Phone 080-23325130/23320271फ्याक्स/Fax : 080-23325130, Email ID: esicmh@gmail.com

APPLICATION FOR THE POST OF SENIOR RESIDENT

- 1 Name of the Candidate : _____
- 2 Father's/Husband's Name : _____
- 3 Mother's Name : _____
- 4 Date of Birth as per SSLC Certificate : _____

Photo

Age

Years	Month	Days

- 5 Religion : _____
- 6 Nationality : _____
- 7 Category (SC/ST/OBC/UR) : _____
- 8 Whether PH : YES/NO
- 9 Mobile Number : _____
- 10 E-mail ID : _____
- 11 Address (Permanent) : _____

- 12 Address for correspondence : _____

13 Educational Qualification:

Sl. No.	Name of the Exam	University	Percentage of Marks	Year of Passing

14 Medical Council Registration No. :

15 Name of the Medical Council :

16 Experience

Sl. No.	Designation	From	To	Period

A

17 Presently working as Designation a) _____

b) Name of the Institution _____

c) Govt./ Private _____

18 NOC certificate from present employer taken/ PPO copy available (If applicable)

19 Tentative date of joining (If selected) :

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case any information found to be false/ incorrect at a later date of the recruitment/ appointment, I shall be bound by the decision of the Medical Superintendent, ESIC, PGIMSR & Model Hospital, Rajajinagar, Bangalore - 10/ESI Corporation without prejudice for further action as per law.

Encl: Pertaining to Sl. No.13 to 18.

Date & Place : _____/ _____

(Signature of Candidate)

Documents:-

- 1) SSLC Certificate
- 2) MBBS Certificate
- 3) PG Certificate/ PG Diploma Certificate
- 4) Registration Certificate
- 5) Caste Certificate in the proforma of prescribed Central Government for employment in Central Government Institution.
- 6) Experience certificate/ NOC (wherever applicable)

Annexure-I

Government of".....
(Name & Address of the **authority issuing the certificate**)

INCOME & ASSEST 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.

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

Signature with seal of Office _____
Name _____
Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "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.