

14. Details of Educational Qualifications

| Examination Passed | University/Board/Institution/Council of Examination | Month, Year of passing | No. of Extra Attempts |
|--------------------------------------|--|-------------------------------|------------------------------|
| Secondary [10 th] | | | |
| Senior Secondary [12 th] | | | |
| MBBS | | | |
| MD/MS/DNB/DMRD | | | |
| Any other [] | | | |

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|---------------------------------|--|
| 15. NMC Registration No. | |
|---------------------------------|--|

| 16. Work Experience [if any] | | | | | | |
|-------------------------------------|-------------------------------|-----------|--------------------|----------------------------------|--------------------------------|------------------------------------|
| Name of Organization | Period of Service From | | Designation | Nature of duties performs | Total Monthly Emolument | Reason for Leaving services |
| | From | To | | | | |
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| 17. Publication | Index National Journal | Index International Journal |
|------------------------|-------------------------------|------------------------------------|
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| 18. If Selected, Specify the minimum required time to join. | |
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Bring the original and attested photocopies of related documents and publications at the time of Document verification/Interview.

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case of any information found to be false/incorrect at a later date of the recruitment/appointment, I shall be bound by the decision of the DEAN, ESIC Medical College & Hospital, K.K. Nagar, Chennai- 600 078/ ESI Corporation without prejudice for further action as per law.

Place :

Date :

Signature of the Candidate