

## APPLICATION FORM

<b>Advertisement No</b>		<b>Please affix Recent Passport size photo</b>
<b>Name of the Specialty Applied for</b>		
<b>Name of the Post</b>		

### Personal Details [IN CAPITAL LETTERS]

<b>1. Full Name</b>	
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<b>2. Father's/ Husband's Name</b>	
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<b>3. Address for Correspondence with PIN Code Number</b>	
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<b>4. Permanent Address with PIN Code Number</b>	
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<b>5. E-Mail Id (IN BLOCK LETTERS ONLY)</b>	
<b>6. Phone/Mobile No</b>	+ 9 1
<b>Alternate Number (Mobile/Landline)</b>	+ 9 1

<b>7. Date of Birth</b>	DD	M	M	Y	Y	Y	Y	<b>8. Nationality</b>	
<small>[Please attach document for evidence]</small>								<b>9. State to which you belong</b>	

<b>10. Aadhar Number</b>	
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<b>11. If Physically Challenged Candidate</b>	<b>Type of Disability</b>	
<small>[Please attach document for evidence]</small>		<b>% of Disability: .....</b>

<b>12. Category [Please Tick Only]</b>	<b>UR</b>	<b>OBC</b>	<b>SC</b>	<b>ST</b>	<b>EWS</b>

<b>13. Interview Fee Details</b>	<b>DD No</b>	<b>Drawn on</b>	<b>Amount</b>
<small>[In favour of ESI Fund A/c no.1 Payable at Chennai]</small>			<b>Rs. 500/-</b>

**14. Details of Educational Qualifications**

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

<b>15. NMC Registration No.</b>	
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<b>16. Work Experience [if any]</b>						
<b>Name of Organization</b>	<b>Period of Service From</b>		<b>Designation</b>	<b>Nature of duties performs</b>	<b>Total Monthly Emolument</b>	<b>Reason for Leaving services</b>
	<b>From</b>	<b>To</b>				

<b>17. Publication</b>	<b>Index National Journal</b>	<b>Index International Journal</b>

<b>18. If Selected, Specify the minimum required time to join.</b>	
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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**