

Annexure- "A"

Application for the post of SR - 03 Years (SR Scheme) / SR – 03 Years (Against GDMO) / Full/ Part Time Specialist/Super Specialist on contractual basis in ESIC Model Hospital, Bapunagar, Ahmedabad.

Post for which applying : _____

1. Name (In block letters) : _____

2. Father's/Husband's Name : _____

3. Permanent Address : _____
(With Pin Code) _____

4. Correspondence Address : _____
(With Pin Code) _____

5. Telephone/Mobile No : _____

6. E-mail ID : _____

7. Date of Birth : _____

8. Age as on date of Interview : _____

9. Category : _____

10. Gender : _____

11. Married / Unmarried : _____

12. Citizen of India by : _____
birth or domicile

Paste recent
color Passport
size
photograph.

13. Educational / Professional Qualification: -

DEGREE/DIPLOMA /PG DEGREE	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS (if any)
MBBS				
PG DIPLOMA ()				
PG DEGREE ()				
DNB ()				
ANY OTHER				

14. Work Experience: -

S. No	Post Held	Institution	Period		Duration (YY/MM/DD)	Whether in Govt. or Private sector
			From	To		
1						
2						
3						
4						

15. Whether worked/working as Senior Resident

in any Central/State Govt. If yes : 1. Period of SR ship from _____ to _____
2. Name of organization & Address _____

16. Registration No. : _____

17. Have you ever been dismissed or punished: _____

Declaration: - I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false / incorrect/incomplete or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled and in the event of any statement/ information found false/incorrect even after my appointment, my services are liable to be terminated without any notice I am citizen of India by birth / domicile.

Date: _____

Signature of the candidate: _____

Place: _____

Name: _____

Check list of enclosures attached:

- | | |
|---|--------|
| 1. Date of Birth Certificate/10 th passing Certificate | Yes/No |
| 2. Degree Certificate along with attempt Certificate (MBBS) | Yes/No |
| 3. Diploma/PG Certificate along with attempt Certificate, If applicable | Yes/No |
| 4. Experience Certificate, if applicable | Yes/No |
| 5. MCI Registration Certificate | Yes/No |
| 6. Caste (SC/ST/OBC/PH) Certificate, if applicable | Yes/No |
| 7. Bank Draft/Bankers Cheque | Yes/No |
| 8. Any other information. | |