

APPLICATION FORM FOR ENGAGEMENT OF SUPER SPECIALISTS/ SPECIALIST (FULL TIME / PART TIME / EMPANELMENT) ON CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE, FARIDABAD

1. (a) Name of ESIC Medical Education Institution applied for :
- (b) Post applied for
- (c) Specialty applied for
2. Particulars of the draft
- Amount (₹)
- Name of issuing bank branch
- D.D. No. Dated

Affix self-attested recent
passport size photograph
here (photograph should
be firmly pasted on this
space and not stapled)

3. Name in full (in block letters)
4. Father's / Husband's Name
5. (a) Date of Birth (in figures)
- (in words)
- (b) Age as on date of walk in interview
6. Nationality
7. Mailing address
8. (a) Email
- (b) Mobile No.
9. Permanent Address
-
-
-
-

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

11. i) (a) If Person With Disability (PWD) **Yes / No**
- (b) If Yes, Percentage of Disability
- ii) Whether Ex-Serviceman **Yes / No**
- iii) Whether ESIC / Govt. Employees **Yes / No**

12. Community to which applicant belongs

(Write 1 for SC, 2 for ST, 3 for OBC and 4 for General)

13. **ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

(Attach annexure, if necessary)

Name & Address of College	University	Duration		Degree / Examination Passed	Subjects	Percentage of marks obtained
		From	To			

Contd. ...3

14. **DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)**

(Attach annexure, if necessary).

Name of the Institution	Position(s) held	Period of service		Institution Type	Whether Experience is recognized by MCI
		From	to		

Contd. ...4/-

15. DETAILS OF RESEARCH PUBLICATIONS

(Attach annexure, if necessary).

Name of Journals/Research Papers (Indexed in Pub. MED)	Year of Publication	Title of Research Papers

16 Training

Institution	Period	Field of Training

17. Academic attainments and activities _____

(Attach Annexure, If necessary)

- (i) (v)
- (ii) (vi)
- (iii) (vii)
- (iv) (viii)

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 affirm that No Objection Certificate from the present employer for applying this post has been applied for/taken.

Place _____

Date _____

Signature of Candidate _____

ACCEPTANCE OF OFFER FOR EMPANELMENT

I, Dr. S/D/W of ShriConsultant
of..... agree to work as Empanelled Specialist/ Super Specialist
(on case to case basis) in ESIC Medical College & Hospital, NH-3, N.I.T,
Faridabad and offer%(percentage) of CGHS package/procedural
rate as my professional fees. I shall abide all the terms & conditions of the
ESIC and deliver best of the service in the interest of ESIC beneficiaries.

Date:

Signature

Name of Doctor:

Address:

Contact No.