

Annexure-I**FORM TO BE FILLED BY THE CANDIDATES FOR THE POST OF SUPER SPECIALIST (SENIOR LEVEL)/ SR CONSULTANT, SUPER SPECIALIST (ENTRY LEVEL)/ JR CONSULTANT SPECIALIST & SENIOR RESIDENT (ON CONTRACT BASIS) AT ESIC SUPER SPECIALITY HOSPITAL, SANATHNAGAR, HYDERAABD**

S.No.	Particulars	Details (to be filled in BLOCK LETTERS only)	
1	Advertisement No.	01/2024 dated	Affix self-attested recent passport size photograph here (photograph should be firmly pasted on this space and not stapled)
2	Post applied for		
3	Department		
4	Name		
5	Father's/Husband's Name		
6	Date of Birth		
7	Age as on the date of interview		
8	Citizenship		
9	Permanent Address		
10	Present Address		
11	Mobile No.		
12	E-Mail ID		
13	Gender		
14	Community (SC/ST/OBC/EWS)		
15	Whether ESIC/Govt. employee (Yes/No) and details thereof.		
16	Aadhar No.		
17	Marital Status		

18	Registration No. & details thereof	(a)MBBS or equivalent Qualification Registration No. Date of Registration Name of the Medical Council (MCI/State) (b)Post Graduate Qualification (MS/MS/DNB/Diploma/DM/Mch) Registration No. Date of Registration Name of the Medical Council (MCI/State)
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19. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

Name of the examination	University/ Institute	Duration		Month & Year of Passing final examination	Subjects/ discipline/ specialty	Percentage of marks obtained
		From	To			

20. DETAILS OF EXPERIENCE (IN CHRONOLOGICAL ORDER)

Name of the Organization (please specify whether CentralGovt./ State Govt./ Public Sector /Autonomous Body/ Private Sector)	Position(s) held	Period of service		Total period (Years & Months)
		From	To	

Total Experience: _____ Years _____ Months _____ Days

21. PUBLICATIONS*(In indexed Journal):

	Number	Remarks(For Office Use)
Number of Publications as First Author		
Number of Publications as corresponding author/second author*		
Publications during Tenure of Associate Professor		
Publications during Tenure of Assistant Professor		

*For Publications before 8th June 2017 as First/Second Author. After 8th June 2017 as First/ Corresponding Author.

22. FOR PROFESSOR & ASSOCIATE PROFESSOR:

i.	Whether completed the basic course in Medical Education Technology from Institutions designated by NMC?	YES/NO
ii.	Whether completed the basic course in Biomedical Research from Institutions designated by NMC	YES/NO

Documents Enclosed:

- 1.
- 2.
- 3.
- 4.
- 5.

Declaration:-

I hereby declare that the information given by me true and correct to the best of my knowledge and belief. In case of any information found to be false/incorrect at later stage, I shall be bound by the decision of Competent Authority of ESIC Super Speciality Hospital, Sanathnagar without prejudice for further action as per law.

Place:

Date:

(Signature of the Candidate)

Check List of the Documents to be attached by Candidate with Annexure – I

Sr. No	Documents	Comments Yes / No /	Remarks for Office Use
1	Duly filled Forms in Annexure A with all Details and		
2	2 Additional Photographs		
3	Aadhar Card Copy		
4	Birth Certificate for Age		
5	Caste Certificate for Category (if applicable)		
6	MBBS Mark sheets		
7	MBBS Degree Certificate		
8	PG Degree / Diploma Mark sheets		
9	PG Degree / Diploma Certificate		
10	Experience Certificate		
11	MCI Registration Copy		
12	NOC from Present		

(Application without the relevant Documents may lead to rejection of Candidature in Walk in Interview)

Signature of Candidate:

Name of the Candidate: _____

(For Office Use)

Remarks and Recommendations for Appearing in Interview for the Candidates:

Signature of Verifying Officer: _____

Name of the Verifying Officer: _____

Annexure II

(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kumari_____ son/daughter of _____ of village/town _____ in District/Division _____ in the _____ State/Union Territory _____ belongs to the _____ Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____*.

Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-Estt. (SCT,) dated 08.09.1993**.

Date _____

District Magistrate/ Deputy
Commissioner etc.

Seal of Office

*- **The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.**

** - As amended from time to time.

Note: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

List of authorities empowered to issue Caste/Tribe Certificate Certificates:

- i. District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy. Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner/ Taluka Magistrate / Executive Magistrate.
- ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- iii. Revenue Officers not below the rank of Tehsildar.
- iv. Sub-Divisional Officers of the area where the applicant and or his family normally resides.

Note-I a. The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
b. The authorities competent to issue Caste Certificate are indicated below:-

- i. District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
- ii. Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.
- iii. Revenue Officer not below the rank of Tehsildar
- iv. Sub-Divisional Officer of the area where the candidate and/or his family resides.

Note-II The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

Note-III The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per **Annexure 'II'** above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

Form of declaration to be submitted by the OBC candidate

(in addition to the community certificate)

I Son/daughter of Shri..... resident of village/town/city.....district..... state.....hereby declare that I belong to the.....community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 200, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27th May, 2013.

Signature: _____

Name of the candidate: _____

Address: _____