

**ESIC MEDICAL COLLEGE ; SANATHNAGR**  
**APPLICATION FORM**

**Post applied for:**

**Specialty/Department Applied for:**

**Post Reserved Category:**

**Personal Details**

PHOTOGRAPH  
of Applicant

| S.No | Applicant Details  |          |    |     |     | Verification Remarks<br>For Office Use) |
|------|--|----------|----|-----|-----|---|
| 1    | Name (in Capital letters)                                      |          |    |     |     |   |
| 2    | Father's/Husband's Name  |          |    |     |     |   |
| 3    | Gender   |          |    |     |     |   |
| 4    | Email ID   |          |    |     |     |   |
| 5    | Phone/Mobile No(s)   |          |    |     |     |   |
| 6    | Date of Birth  |          |    |     |     |   |
| 7    | Proof of Age (SSC/10 <sup>th</sup><br>Class/Birth Certificate) |          |    |     |     |   |
| 8    | Age (as on the date of walk-<br>in-interview)                  |          |    |     |     |   |
| 9    | Permanent/Correspondence<br>Address                            |          |    |     |     |   |
| 10   | Date of issue of Certificate                                   |          |    |     |     |   |
| 11   | Category   | SC       | ST | OBC | EWS | UR                                      |
| 12   | PWD (If Yes, percentage of<br>disability)                      |          |    |     |     |   |
| 13   | Ex-Servicemen(If Yes,<br>Discharge book)                       |          |    |     |     |   |
| 14   | Aadhaar/PAN No.  |          |    |     |     |   |
| 15   | NOC from present employer                                      |          |    |     |     |   |
| 16   | Whether Fee Payment done:                                      | (Yes/No) |    |     |     |   |
|      | If Yes, Transaction No. with<br>date                           |          |    |     |     |   |

**Details of Education Qualification/Experience**

**A. Education Qualification**

| <b>Degree</b> | <b>Year of Passing</b> | <b>Council Registration No.<br/>State MC/NMC(if any)</b> | <b>Remarks (For Office Use)</b> |
|---------------|------------------------|--|---------------------------------|
| MBBS/BDS/M.Sc |                        |  |                                 |
| Diploma       |                        |  |                                 |
| DNB           |                        |  |                                 |
| MD/MS         |                        |  |                                 |
| DM/M Ch       |                        |  |                                 |
| Others        |                        |  |                                 |

**B. Teaching Experience/Work Experience (For Specialists)**

| <b>Designation</b>  | <b>Duration</b> | <b>Remarks (For Office Use)</b> |
|---------------------|-----------------|---------------------------------|
| Senior Resident     |                 |                                 |
| Assistant Professor |                 |                                 |
| Associate Professor |                 |                                 |
| Professor           |                 |                                 |
| Super Specialist    |                 |                                 |

**C. Publications\* (In Indexed Journal)**

|  | <b>Number</b> | <b>Remarks (For Office Use)</b> |
|--|---------------|---------------------------------|
| Number of Publications as <b>First Author</b>                          |               |                                 |
| Number of Publications as <b>Corresponding Author / Second Author*</b> |               |                                 |
| Publications during Tenure of Associate Professor                      |               |                                 |
| Publications during Tenure of Assistant Professor                      |               |                                 |

\* For Publications before 8<sup>th</sup> June 2017 as First / Second author. After 8<sup>th</sup> June 2017 as First / Corresponding Author.

**D. For Professor & Associate Professor.**

i) Whether completed the basic course in Medical Education Technology from - Yes/No  
Institutions designated by NMC?

ii) Whether completed the basic course in Biomedical Research from Institutions - Yes/No  
designated by NMC

**Documents Enclosed**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**“I hereby declare that the information given by me is true and correct to the best of my knowledge and belief. In case of any information found to be false/incorrect at later stage of the recruitment/appointment, I shall be bound by the decision of competent authority of ESIC Medical College, Sanathnagar without prejudice for further action as per law”.**

**Signature of the Candidate**

**Date:**

|  |  |
|--|--|
| <p><b>For Office use only</b></p><br><br><br><br><br><br><br><br><br><br><p><b>Remarks :</b></p> | <p><b>Signature of verifying Officer</b></p> |
|--|--|