



ಕಾರ್ಮಿಕರ ರಾಜ್ಯವಿಮಾನಿಗಮ
ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ ಸಚಿವಾಲಯ,
ಭಾರತ ಸರ್ಕಾರ
ಕರ್ಮಚಾರಿ ರಾಜ್ಯವಿಮಾನಿಗಮ
ಶ್ರಮ ಎಂಪ್ಲಾಯಿಮೆಂಟ್ ಮತ್ತು
ಭಾರತ ಸರ್ಕಾರ EMPLOYEES' STATE
INSURANCE CORPORATION
Ministry of Labour & Employment, Govt.
of India



ವೈದ್ಯಕೀಯ ಕಾಲೇಜು, ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್. ಆರ್ಮೆಡ್ ಮತ್ತು ಆಸ್ಪತ್ರೆ
ಸೇಡಂ ರಸ್ತೆ ಕಲಬುರಗಿ, ಕರ್ನಾಟಕ- 585106
ಡಿ. ಮಹಾವಿದ್ಯಾಲಯ, ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್.ಆರ್.ಆರ್.ಆಸ್ಪತ್ರೆ
ಸೇಡಂ ರಸ್ತೆ, ಕಲಬುರಗಿ, ಕರ್ನಾಟಕ - 585106
MEDICAL COLLEGE, PGIMSR & HOSPITAL
SEDAM ROAD, KALABURAGI, KARNATAKA-585106
Phone No: 08472-265546/47/48
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Website: www.esic.gov.in

**APPLICATION FORM FOR ENGAGEMENT OF JUNIOR RESIDENT ON CONTRACTUAL BASIS IN ESIC
MEDICAL COLLEGE & HOSPITAL, KALABURAGI**

Department: _____

1. Name in full (in block letters):

2. Father's/ Husband's Name :

3. Date of Birth (in figures) :

(in words) :

4. Mailing Address :

5. (a) E-Mail :

(b) Mobile No. :

6. Permanent Address :

.....

.....

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

8. a. If Physically Handicapped : Yes / No

(Orthopedically Handicapped)

b. Percentage of disability :

9. (i) Whether Ex-Serviceman : Yes / No

(ii) Whether ESIC/ Govt. Employee : Yes / No

10. Community to which applicant belongs :

Write 1 for SC, 2 for ST, 3 for OBC, 4 for General, 5 for EWS

Paste Recent
Passport Size
Photo

11. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (Graduate level onwards)

(Attach annexure, if necessary)

Name & Address of College	University	Duration		Degree/Examination Pass	Subject	Percentage of marks obtained
		From	To			

12. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER):

Teaching experience certificate to be furnished. (Add extra rows if necessary)

Name of the Institute	Position (s) held	Period of service		Institution Type (Govt. / Pvt.)	Whether Experience recognized by MCI
		From	To		

13. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents)

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

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 confirm that No Objection from the Present Employer for applying this post has been applied for / taken.

Place:

Signature of the Candidate

Date: