



कर्मचारीराज्यबीमानिगम  
(श्रमएवंरोजगारमंत्रालय, भारतसरकार)  
EMPLOYEES' STATE INSURANCE CORPORATION  
(Ministry of Labour & Employment, Govt of India)



चिकित्सामहाविद्यालय, पीजीआईएमएसआर एवं आदर्शअस्पताल  
राजाजीनगर, बेंगलूर-560010  
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No. 532/A/12/CONT.TF./2020

Date : 12.04.2021

**APPLICATION FORM FOR ENGAGEMENT OF TEACHING FACULTY  
ON CONTRACT BASIS IN ESIC MC& PGIMST AND MODEL  
HOSPITAL, RAJAJINAGAR, BANGALORE-10**

1. (a) Post applied for :

.....

(b) Specialty applied for:

.....

2. Name in Full (in block letter): .....

3. Father's/Husband's Name : .....

4. (a) Date of Birth (in figures) : .....

(In words) : .....

(Age as on 28/29.04.2021) : .....

5. Religion : .....

6. Nationality : .....

7. Mailing Address : .....

E-Mail : .....

8. Mobile No : .....

9. Permanent Address : .....

Sex (write 1 for male, 2 for female,

3 for Transgender):

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

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

Community to which applicant

Belongs

Write 1 for Sc, 2 for ST, 3 for  
OBC and 4 for General :

### 11. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

(Graduate level onwards)

(Attach annexure, if necessary)

Course	Name and address of college	University	Duration		Degree & Examination Passed	Subjects	Percentage and Marks obtained
			From	To			
MBBS							
MD/MS							

### 12. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER):

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

Sl. No	Name of the Institute	Position(s) held	Period of service		Institution type (Govt./Pvt)	Whether the Experience recognized by MCI
			From	To		
JR/TUTOR						
ASSISTANT PROFESSOR						
ASSOCIATE PROFESSOR						
PROFESSOR						

**13. DETAILS OF RESEARCH PUBLICATIONS:**

<b>Serial No</b>	<b>Name of the Journal with volume and number</b>	<b>Year of Publication</b>	<b>Title of the research paper</b>	<b>First/ Second/Other Author</b>

**14. TRAINING IN M.C.I RECOGNIZED TEACHING TRAINING PROGRAM:**

(Attach supporting documents).

<b>Institution</b>	<b>Period</b>	<b>Name of the Training Program</b>

**15. ACADEMIC ATTAINMENTS AND ACTIVITIES: (attach supporting documents)**

- |     |     |
|-----|-----|
| 1.  | 2.  |
| 3.  | 4.  |
| 5.  | 6.  |
| 7.  | 8.  |
| 9.  | 10. |
| 11. | 12. |
| 13. | 14. |
| 15. | 16. |

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:

**Annexure-I**

Government of".....  
(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_, Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her 'family'\*\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.