FORMAT OF APPLICATION

Appointment to the post of **Senior Resident** on 1 year contract basis in
ESI-PGIMSR, & ESIC Medical College and ESIC Hospital & ODC (EZ), Joka, Kolkata – 700104

<div style="text-align: right; border: 1px solid;">PHOTO</div>

1	Specialty/Department	:
2	Name in Block Letter	:
3	Father's /Husband's Name	:
4	Date of Birth	:
5	Postal address, **Mobile No** **& Email. ID**	:
6	Permanent Address, **Mobile No.** **& E-mail Id**	:
7	Whether SC/ST/OBC/General/EWS	:
8	Educational Qualification	:
9	Experience	:
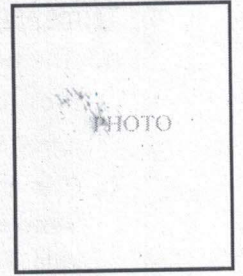
Undertaking: - I solemnly declare that the above statement is correct to the best of my knowledge and belief. In the event of any information being found incorrect, my application/candidature shall be liable to rejection summarily.

_____
(Signature of the Applicant with date)

Note: Neatly typed application in the prescribed format in double spacing in A4 size along with attested copies of educational qualification, date of birth (Matriculation certificate), Caste certificate (in the case of SC/ST/OBC/EWS), any other documents required must reach in the office of the Dean within the stipulated period of time. Any application not complete in all respect and not received within the specified period will not be accepted.

VERIFICATION - SLIP

01.	Date of Verification					
02.	Name of the Candidate					
03.	Father's/Husband's Name					
04.	Post & Department					
05.	Verification					
	Sl. No.	Particulars				
	a	Date of birth				
	b	Educational & Technical Qualifications				
	c	Experience				
	d	Bond Release Certificate (if Applicable)	Yes/No			
	e	Research/Publication Work				
	f	Category (For UR, EWS, SC,ST, & OBC)				
	g	Present Employment	NOC/Employer's Certificate	Years	Pvt.	PSU	Govt.
06.	Signature of the Candidate:					

For Office Use Only
Result of verification, **(Eligible/Not Eligible)**: *if any remarks.*

Verified by:

Name:
Signature:
Designation:
(Signature with Date & seal)

Checked by:

Name:
Signature:
Designation:
(Signature with Date & seal)