

TO BE FILLED BY OFFICE ONLY

Name of Candidate: -.....

Designation: -.....

Department: -.....

Sr. No.	Detail of Documents	Enclosed (Yes/No)	Remarks
01.	Date of Birth Certificate		
02.	MBBS Degree		
03.	MD/MS Degree / Diploma		
04.	MCI / DMC Registration		
05.	Experience Certificate		
06.	Caste Certificate (EWS/SC/ST/OBC)		
07.	PH Certificate (If Applicable)		
08.	Address Proof		
09.	Any Other Information		

* 4/9
Medical Superintendent
ESICH, Manesar

डॉ. अंजनजीत कौर / Dr. Anjanjeet Kaur
सहायक चिकित्सा अधीक्षक
Asst. Medical Superintendent
क.रा.बो.नि. अस्पताल, मानेसर, गुड़गांव (हरियाणा)-122050
ESIC Hospital, Manesar, Gurugram (HR)-122050

APPLICATION FORM

Application for the post of Full time / Part time Contractual Specialist , Senior Resident – 3 year
(Contractual basis), Senior Resident – 1 year (Contractual basis against GDMO) in ESIC Hospital
– Manesar

Post for which applying: _____

Paste recent
passport size
photograph

1. Name (In block letters): _____

2. (a) Father's/Husband's Name: _____

(b) Mother's Name: _____

3. (a) Date of Birth: _____

(b) Age on the date of interview: _____ Years _____ Months

4. Permanent Address: _____

5. Correspondence Address: _____

6. Telephone/Mobile No: _____

7. E-mail ID: _____

8. Whether Gen/SC/ST/OBC/PH/Ex-SM: _____

9. Gender: _____

10. Married / Unmarried: _____

11. Citizen of India by birth or domicile: _____

12. Educational / Professional Qualifications:

QUALIFICATION	YEAR OF PASSING	UNIVERISTY / BOARD	PERCENTAGE	REMARKS(If any)
MBBS				
PG DIPLOMA				
PG DEGREE				
DNB				
ANY OTHER				

13. Work Experience:

S.NO	DESIGNATION (POST HELD)	INSTITUTION / ORGANIZATION	PERIOD (From - To)	PERIOD IN MONTHS / YEARS	WHETHER IN GOVT. OR PRIVATE SECTOR
1					
2					
3					
4					

14. Whether worked / working as Senior Resident in any Central/State Govt. If yes,

(a) Period of SR ship from _____ to _____

(b) Name of organization & address

15. Registration No: _____

16. Have you ever been dismissed or punished:

Declaration: - I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false / incorrect / incomplete or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected / cancelled and in the event of any statement / information found false / incorrect even after my appointment, my services are liable to be terminated without any notice. I am citizen of India by birth / domicile.

Date: _____

Signature of the candidate: _____

Place: _____

Name of the candidate: _____

Checklist of enclosures attached:

- | | |
|--|----------|
| - Date of birth certificate / 10 th passing certificate | Yes / No |
| - Degree certificate along with at empt certificate (MBBS) | Yes / No |
| - Diploma/PG certificate, if applicable | Yes / No |
| - Experience certificate, if applicable | Yes / No |
| - Caste certificate (SC/ST/OBC/PH), if applicable | Yes / No |
| - Any other information | |