

APPLICATION FORM

(Please fill all the particulars in Block Letters)

Latest
Passport Size
Photo (Self
Attested)

Walk-in Interview on 10.10.2023

PARTICULARS OF THE CANDIDATES FOR THE POST: (SRR/SPL/SSPL) _____
IN THE DEPARTMENT OF:- _____

Full Name	
Father's Name	
Spouse's Name (If Married)	
Sex	
Date of Birth & Age	
Mother Tongue	
Identification Mark	
Category	
Email ID	
Contact Number	
PAN Card Number	
Aadhar Number	
Nationality	
Educational Qualification (after intermediate)	
Registration Number (with validity)	
Employment Exchange Number (If Any)	
Correspondence Address	
Permanent Address	

Details of Previous Employment (in chronological order after graduation)				
Name & Address of the Employer	Period of Employment			Reason of Leaving
	From	To	Total Months	

Have you ever been dismissed or otherwise punished during/after course of your employment/ studies, if YES so furnish details:

.....

Number of Attempts in passing MBBS Examination: _____

1st Profession _____

2nd Profession _____

3rd Profession _____

Marks of final Examination _____

Self Attested Photocopy of Certificates

- Matriculation
- MBBS Degree with Mark sheets & Attempts
- PG Degree/ Diplomat DM/ MCH/ DNB(Super Specialty)
- Any Honor/ Medals
- Experience
- Paper Publication
- Any Other Experience
- UPMCI/ DMC Registration
- Aadhar Card
- Category certificate (EWS/OBC/SC/ST/PwD)

I, hereby certify that the above information and particulars submitted by me are correct and complete to the best of my knowledge and belief, in case any information or particulars furnished above are found incorrect/ false/ wrong, of any information being supported at any stage, I shall liable to any course of action as deemed fit.

- NB:-**
1. Any declaration which may affect your joining (in case of selection for the post).
 2. Part time engagement of one contractual employee in two ESIC Hospitals at the same time shall not be permissible.

Signature of the Candidate : _____
Name of the Candidate : _____
Date : _____