

**FORM TO BE FILLED BY THE CANDIDATS FOR THE POST OF SENIOR RESIDENT  
AT ESIC HOSPITAL – Rawabhata, Raipur(C.G.) -493221.**

**Post:** \_\_\_\_\_ **Department:** \_\_\_\_\_

1. Name : \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Date Of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

4. Age on the date of interview Year \_\_\_\_\_ Month \_\_\_\_\_ Days \_\_\_\_\_

5. Category (UR/OBC/SC/ST/EWS) : .....

6. Address for Communication : .....

.....

..... PIN .....

7. Contact No.: \_\_\_\_\_ E- Mail Address: \_\_\_\_\_

8. Qualification (MBBS/MD/DNB/PG Diploma etc. with certificates) :

9. Registration with MCI/State Medical Council :-

Registration No. :

State :

10. Present Status of Working :

Name of the organization –

Date of Appointment -

Designation -

NOC Letter Enclosed (Yes / No) :

Affix Passport Size  
Recent Colour  
Photograph

Education Qualification					
SI No	Name of the Exam	University	Percentage of Marks	Year of Passing	No. of attempts
1					
2					
3					
4					
5					
6					
7					
Experience if any (document to be produced at the time of interview)					
Name of the Hospital	Post Held	From	To	Total Period (Years & Months)	

**(Candidates are instructed to submit Documents as per the Checklist with necessary Comments)**

I do hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case of any information is found false / incorrect at the later stage of Recruitment / Appointment, I shall be bound by the decision of ESI Corporation.

**Date:**

**Place:**

**(Signature of Candidate)**

**Check List of the Documents, to be attached by Candidate with Annexure - A**

Sr. No	Documents	Comments Yes / No / NA	Remarks for Office Use
1	Duly filled Forms in Annexure A with all Details and signature		
2	2 Additional Photographs		
3	Aadhar Card Copy		
4	Birth Certificate for Age		
5	Caste Certificate for Category (if applicable)		
6	MBBS Mark sheets		
7	MBBS Degree Certificate		
8	MBBS Attempt Certificate		
9	PG Degree / Diploma Certificate		
10	PG Degree / Diploma Attempt Certificate		
11	Experience Certificate		
12	MCI Registration Copy		
13	NOC from Present Employer (if applicable)		

**(Application without the relevant Documents may lead to rejection of Candidature in Walk in Interview)**

**Signature of Candidate:**

**Name of the Candidate:**

**(For Office Use)**

Remarks and Recommendations for Appearing in Interview for the Candidates:

Signature of Verifying Officer:

Name of the Verifying Officer: