



चिकित्सा महाविद्यालय एवं अस्पताल Medical College & Hospital देसूला, एमआईए, अलवर (राज.)– 301030 Desula, MIA, Alwar (Raj) - 301030 E-mail:- dean-alwar.rj@esic.nic.in ms-alwar.rj@esic.nic.in Website:- www.esic.nic.in/ www.esic.in

Format of Application

Affix recent passport size photograph.

- . Post applied for:
- Department applied for:
- Name in block letters:
- Father's/Husband's name:
- Date of Birth, Age as on date of interview:
- Whether SC/ST/OBC/UR:
- Qualifications (MBBS/MD/MS/DNB/PG Diploma etc. with certificates)

Sr. No.	Qualifications	Board/University	Year of Passing	Marks	Division	Attempts

• Experience (as per the post notified) Govt./Pvt. Hospital/Institution (in Years/ Months) with certificates –

1.

2.

3.

• MCI/State Regn. no.:

Telephone No: Res.: _____Mobile: _____e-mail: _____

Sex:

Post notified under:

- Permanent Address:
- Present Residential Address:
- Whether married/Unmarried:
- Nationality & Mother tongue:
- Blood Group:
- PAN Card No.
- Height: _____Ft. ____inches
- Identification Mark:

DECLARATION:

I undertake that all the information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

(Signature of Candidate)

Check List of enclosures attached:-

•	Date of Birth Certificate (10 th passing Certificate)	:	Yes/No
•	UG Certificate	:	Yes/No
•	Diploma/PG Certificate	:	Yes/No
•	MCI/State Registration Certificate	:	Yes/No/N.A
•	Experience Certificate/NOC, if applicable	:	Yes/No/N.A
•	Research Publications, if applicable	:	Yes/No/N.A
•	Caste (SC/ST/OBC/EWS) Certificate (latest), if applicable	:	Yes/No/N.A
•	Residential address proof	:	Yes/No