APPLICATION FOR THE POST OF MEDICAL OFFICER UNDER OFFICE OF MEDICAL SUPERINTENDENT, SOLAPUR MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY HOSPITAL SOLAPUR

Ph.No. 0217-2601747, Email- solapur.esis@gmail.com

Walk in Interview for Post of Specialist

1. Name in full (in block letters): .....

2. Fathers/Husband's Name: .....

3. Date of Birth (DD/MM/YYYY) : ----------

4. Religion: .....

5. Caste :

6. Category :

7. Mailing address: .....

8. (a) E-Mail : .....

(b) Mobile No. : .....

9. Residential address: .....

.....

10. Permanent address: ....

11. Sex: Male / Female

12. Date of Registration in State medical council:

13. Essential Educational and Professional Qualification (graduate level onwards)

Name & address of colledge	University	Duration		Degree/ Examination Passing year	Subject	Percentage of Marks obtained
		From	To			

DOCUMENTS TO REQUIRED:

1. Valid MCI / State medical council registration certificate
2. Matriculation Certificate for Age Proof
3. Proof of Educational Qualification
4. Caste Certificate / Caste Validity
5. Experience Certificate (if available)
6. Copy of Pan card, Aadhar card Xerox
7. Two Photographs

All copies of above documents are to be self attested before submission.

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information being found false or incorrect at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without notice or any compensation in lieu thereof.

Signature of Candidate

Place:

Date:

APPLICATION FOR THE POST OF MEDICAL OFFICER UNDER OFFICE OF MEDICAL SUPERINTENDENT, SOLAPUR MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY HOSPITAL SOLAPUR

Ph.No. 0217-2601747, Email- solapur.esis@gmail.com

INTERVIEW FOR POST OF PGMO

1. Name in full (in block letters): .....

2. Fathers/Husband's Name: .....

3. Date of Birth (DD/MM/YYYY) : ----------

4. Religion: .....

5. Caste :

6. Category :

7. Mailing address: .....

8. (a) E-Mail : .....

(b) Mobile No. : .....

9. Residential address: .....

.....

10. Permanent address: ....

11. Sex: Male / Female

12. Date of Registration in State medical council:

13. Essential Educational and Professional Qualification (graduate level onwards)

Name & address of colledge	University	Duration		Degree/ Examination Passing year	Subject	Percentage of Marks obtained
		From	To			

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Place: **Signature of Candidate**

Date:

APPLICATION FOR THE POST OF MEDICAL OFFICER UNDER OFFICE OF MEDICAL SUPERINTENDENT, SOLAPUR MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY HOSPITAL SOLAPUR

Ph.No. 0217-2601747, Email- solapur.esis@gmail.com

INTERVIEW FOR POST OF RESIDENT RADIOLOGIST & RESIDENT ANAESTHESIOLOGIST

1. Name in full (in block letters): .....

2. Fathers/Husband's Name: .....

3. Date of Birth (DD/MM/YYYY) : ----------

4. Religion: .....

5. Caste :

6. Category :

7. Mailing address: .....

8. (a) E-Mail : .....

(b) Mobile No. : .....

9. Residential address: .....

.....

10. Permanent address: ....

11. Sex: Male / Female

12. Date of Registration in State medical council:

13. Essential Educational and Professional Qualification (graduate level onwards)

Name & address of colledge	University	Duration		Degree/ Examination Passing year	Subject	Percentage of Marks obtained
		From	To			

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Place: **Signature of Candidate**

Date: