

**“Annexure - A”****FORM TO BE FILLED BY THE CANDIDATS FOR THE POST OF FULL TIME / PART TIME CONTRACTUAL SPECIALIST AT ESIC HOSPITAL - VAPI, DIST- VALSAD (Gujarat) - 396195.**

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

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

2. Father Name: \_\_\_\_\_

3. Date Of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Age on (date of Interview)  
Year \_\_\_ Month \_\_\_ Days \_\_\_**Affix Passport  
Size Recent  
Colour  
Photograph**

4. Category (UR/OBC/SC/ST/EWS): \_\_\_\_\_

5. Address for Communication: \_\_\_\_\_

\_\_\_\_\_ PIN: \_\_\_\_\_

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

7. Details of MBBS Degree: Year \_\_\_\_\_ No. of Attempts \_\_\_\_\_

8. Details of PG Degree / Diploma /Equivalent:

Sr. No.	Name of Specialty	Year	No. of Attempts

9. Registration with MCI: Registration No.- \_\_\_\_\_ State - \_\_\_\_\_

10. Experience:

Sr. No	Name of Organisation	From	To	Period
Total Experience: Years _____ Months _____ Days _____				

11. Present Status of Working:

Name of the Organisation: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Designation: \_\_\_\_\_ NOC Letter Enclosed (Yes / No): \_\_\_\_\_

(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 Mark sheets		
10	PG Degree / Diploma Certificate		
11	PG Degree / Diploma Attempt Certificate		
12	Experience Certificate		
13	MCI Registration Copy		
14	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:

Name of the Verifying Officer	Signature of Verifying Officer	Remarks, if any

