Affix Your Recent Passport Size Colour Photograph

## Ref: - 5/28/2021/Pers./Environment/ ESIC Hospital

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10.	Academic/Professional (	<b>Dualifications:</b>

22. Any other information:

Sr. No.	Name of Examinati		Year of Passing		v/Board	Subjects	Marks obtained	% of marks			
1. I	Highest qual	ification i	in Hind	i:				_			
2.	Training rece	eived if an	ny								
3. I	Experience (	Please giv	ve detai	ls thereof,	use separ	rate sheet if requir	red)				
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21. Passport No.:				<i>\</i>	_						

Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

I solemnly declare that the above information is true/correct and I understand that in the event of the information found to be incorrect after my appointment, I shall be liable to be dismissed from service.

**Date** Signature