APPLICATION FORM FOR THE POST OF SPECIALIST GR. II (JUNIOR SCALE) IN ESI CORPORATION-2022

1.	(a) State Applied For DELHI	
	(b) Post applied for SPECIALIST GrII(Jr. Scale)	Affix self-attested
	(c) Specialty applied for	recent passport size photograph here
		(photograph should be firmly pasted on this
2.	Particulars of the Demand Draft/Banker's Cheque:	space and not stapled)
	(a) Amount Rs	
	(b) Name & Branch of issuing bank	
	(c) D.D. No dated	
3.	Name in full (in block letters)	
4.	Father's / Husband's Name	
5.	(a) Date of Birth (in figures)	
	(in words	
	(b) Age as on closing date (i.e. <u>26/07/2022)</u> Year, Months	sDays
6.	Nationality	
7.	Mailing address	
	E-mail ID	
	Mobile No.	
8.	Permanent Address	
	(with telephone number)	
9.	Sex (write 1 for Male, 2 for Female & 3 for Transgender)	
10.	(i) (a) If Person With Disability (PWD) (Yes /NO)	
		_
	(b) Percentage of Disability	
	(b) Data of diadeguay forces Asses d Faces	
	(iii) (a) Whether ESIC / Govt. Employee (Yes/No)	

	_ EDUCATIONAL A ure, if necessary).		SIONAL QU	ALIFICATIONS			
Name & Address of	University		ration	Degree,	/ S	ubjects	Percentag
Institution		From	То	Examinati Passed			of marks obtained
If yes, plea	ssed middle level esse mention the lan	guage pass	sed				0
Name of the Organizatio (please specify wheth Central Govt./ Sta Govt./ Public Sect /Autonomous Body/ Private Sector)	er held te	Period o	of service	Nature of Work	Scale of Pay	Whether working on Regular Bas Contractua Basis/ Basis/ Residency Scheme etc	sis/ I Adhoc
		From	То				
							1

Community to which applicant belongs :- _____ (Write 1 for SC, 2 for ST , 3 for OBC, 4 for EWS and 5 for General)

11.

∤ .	Date of completion of Compulsory Rotating	Internship						
5.	Registration No. and Date of Registration of MBBS or equivalent and Post Graduate Qualification (MS/MS/DNB/Diploma etc.) with the Medical Council of India/State Medical Council:							
	(a) MBBS or equivalent Qualification	١						
	Registration No.	-						
	Date of Registration	-						
	Name of the Medical Council (MC	CI/State Medical Council)						
	(b) Post Graduate Qualification (MS/	/MS/DNB/Diploma etc.)						
	Registration No.	-						
	Date of Registration	-						
	Name of the Medical Council (MC	CI/State Medical Council)						
	Trainings (if any).							
	Institution	Period	Field of Training					
1	Academic attainments and activities	(Attach annexure).					
	Details of Publications (Attach annexure, if							
		necessary).						
	(i)							
	(ii)							
	(iii)							
	(iv)							
	(v) List of enclosures:							
	(i) (iii)	(ii)						
	(iii) (v)	(iv) (vi)						
	(vii)	(viii)						
	(ix)	(X)	io complete and correct to					
	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 b compensation in lieu thereof.							
	I also affirm that No Objection Certificate fr applied for/taken.	rom the present employer for	applying this post has been					
	If selected, I am willing to serve anywh	nere in India.						
	Die ee							
	Place Date							
		Signature of the C	andidate					

An	ne	xu	re	`A ′
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							DDUCED BY OTHER B OF INDIA)	ACKWARD	CLASSES	APPLYING FO	OR APPOINTMENT
	d	This aughte	is	to	certify	that	Shri/Smt./Kumari				son/
of							_of village/town			i	n District/Division
					_ in the			_State/Unio	n Territory		
belo	ngs	to the				Comm	unity which is recogniz	ed as a bad	ckward class	under the Gov	ernment of India,
Mini	stry	of Soc	cial Ju	stice	and Empo	werme	nt's Resolution				
							and/or		•	•	` '
							District/Division of				
							does not belong to the				
		e Sche	dule t	o the	Governm	ent of	India, Department of I	Personnel 8	Training O	M No. 36012/2	22/93-Estt. (SCT,)
date											
08.0)9.1	993**	•								
Date	e								District Mag		y Commissioner
		Sea	al of C	Office							
,	*_						ificate may have to r ndidate is mentione		e details o	f Resolution o	of Government of
*	*_	As am	ende	d fron	n time to t	time.					
Not	e:	The te				(s) used	I here will have the sar	ne meaning	as in section	on 20 of the Re	presentation of the
List	of	autho	rities	emp	owered t	o issue	e Caste/Tribe Certifi	cate Certif	icates:		
i.	Co	ommiss	sion/ I	Dy. Co	ollector / 1	1 st Class	ct Magistrate/ Collecto S Stipendiary Magistrat Executive Magistrate.				
ii.	Ch	nief Pre	siden	су Ма	agistrate /	Additio	nal Chief Presidency M	agistrate /	Presidency I	Magistrate.	
iii.	Re	evenue	Office	ers no	t below th	ne rank	of Tehsildar.				
iv.	Sı	ıh-Divi	sional	Offic	ers of the	area w	here the applicant and	or his fami	ly normally	resides	
		10 0111									
Not	te-1	I	F	Repre	esentation	n of the	y' used here will he People Act, 1950. etent to issue Caste			_	Section 20 of the
Commissioner / Depu Magistrate / Taluka N below the rank of 1st				/ Depu aluka M c of 1st	Additional Magistrate / Collector / Dy. Commissioner / Additional Deput outy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional Magistrate / Executive Magistrate / Extra Assistant Commissioner (not st Class Stipendiary Magistrate).						
ii. Chief Presidency Magistrate /Additional Ch iii. Revenue Officer not below the rank of Teh						dency Mag	istrate/ Presi	dency Magistrate.			
							er of the area where		date and/o	r his family re	esides.
Note	e-I1	Ī	The sta	e clos atus c	sing date	e for re	eceipt of application e and also, for assun	will be tr	eated as t	he date of re	eckoning for OBC
layer. Note-III The candidate should furnish the relevant OBC Certificate in the format pres Government jobs as per Annexure 'A' above issued by the competent authority the Closing Date as stipulated in this Notice.											

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

Iresident of village/town/city	•
district statehereby declare that I belong to thecommunit	у
which is recognized as a backward class by the Government of India for the purpose of	ıf
reservation in services as per orders contained in Department of Personnel and Training Offic	е
Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do no	t
belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to	0
the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.)
dated 9th March, 200, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and Ol	4
No. 36033/1/2013-Estt. (Res.), dated: 27 th May, 2013.	
Signature:	
Full Name:	
Address:	

PROFORMA OF CERTIFICATE FOR EMPLOYED OFFICIALS

I hereby, with the info	ormation a	available	e, certify tha	nt Shri(<u>Name)</u>	
No. <u>(Rank)</u>		would	complete	prescribed	period	of
appointment on	(Date)	<u>.</u>				
Place: Dated:			Comma	Signa nding Officer		eal

FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING FOR CIVIL POSTS UNDER EX-SERVICEMEN CATEGORY

I understand that, if selected on the basis of the recruitment/examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharges from the Armed Forces and that I am entitled to the benefits admissible to ex-servicemen in terms of the Ex- servicemen (Re-employment in Central Civil Services and Posts) Rules, 1979, as amended from time to time.

suc Au	I also understand that I shall not be eligible to be appointed to a vicemen in regard to the recruitment covered by this examination, if I had appointment, secured any employment on the civil side (including Putonomous Bodies/Statutory Bodies, Nationalized Banks, etc.), by availiservation of vacancies admissible to Ex-servicemen.	ave at any time prior to blic Sector Undertaking,
Pl	ace:	
D	ate:	Signature of Candidate