



ಕ.ಸ.ಬಿ.ನಿ.
E.S.I.C.

ಕಾರ್ಮಿಕರ ರಾಜ್ಯ ವಿಮಾ ನಿಗಮ
ಮಿಷನ್ ಮತ್ತು ಉದ್ಯೋಗ ಸಚಿವಾಲಯ, ಭಾರತ ಸರ್ಕಾರ

ಕರ್ಮಚಾರಿ ರಾಜ್ಯ ಬಿಮಾ ನಿಗಮ
(ಶ್ರಮ एवं ರೋಜಗಾರ ಮंत्रालय, भारत सरकार)

EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



सत्यमेव जयते

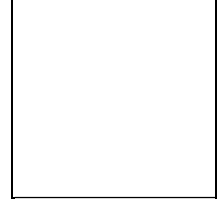
ಮಾದರಿ ಆಸ್ಪತ್ರೆ, ರಾಜಾಜಿನಗರ, ಬೆಂಗಳೂರು-
560010

ಚಿಕಿತ್ಸಾಮಹಾವಿದ್ಯಾಲಯ, ಪಿಜಿआईಎಮ್‌ಎಸ್‌ಆರ್ एवं आदर्शअस्पताल
ರಾಜಾಜಿನಗರ, ಬೆಂಗಳೂರು-560010
Medical College, PGIMSR & Model Hospital
Rajajinagar, Bengaluru-560010
ದೂರಭಾಷೆ/ Phone 080-23321803/ 23125892
EMAIL- esipgi.rajblr@gmail.com

F. No. 532/A/12/CONT.TF./2020

Date : 14.06.2022

**APPLICATION FORM FOR ENGAGEMENT OF TEACHING FACULTY
ON CONTRACT BASIS IN ESIC MC& PGIMSR AND MODEL
HOSPITAL, RAJAJINAGAR, BANGALORE-10**



1. (a) Post applied for :

.....

(b) Specialty applied for:

.....

2. Name in Full (**in block letter**):

3. Father's/Husband's Name :

4. (a) Date of Birth (**in figures**) :

(In words) :

(**Age as on 28.06.2022**) :

5. Religion :

6. Nationality :

7. Mailing Address :

E-Mail :

8. Mobile No :

9. Permanent Address :

Sex (write 1 for male, 2 for female,

3 for Transgender):

10.(i) Whether Ex-Serviceman : Yes/ No

(ii) Whether ESIC /Govt. Employee : Yes/ No

Community to which applicant

Belongs :

Write 1 for Sc, 2 for ST, 3 for

OBC and 4 for General :

11. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

(Graduate level onwards)

(Attach annexure, if necessary)

Course	Name and address of college	University	Duration		Degree & Examination Passed	Subjects	Percentage and Marks obtained
			From	To			
MBBS							
MD/ MS							

12. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER):

Teaching experience certificate to be furnished. (Add extra row if necessary)

Sl. No	Name of the Institute	Position(s) held	Period of service		Institution type (Govt./Pvt)	Whether the Experience recognized by MCI
			From	To		
JR/TUTOR						
ASSISTANT PROFESSOR						
ASSOCIATE PROFESSOR						
PROFESSOR						

13. DETAILS OF RESEARCH PUBLICATIONS:

Serial No	Name of the Journal with volume and number	Year of Publication	Title of the research paper	First/ Second/Other Author

14. TRAINING IN NMC RECOGNIZED TEACHING TRAINING PROGRAM:

(Attach supporting documents).

Institution	Period	Name of the Training Program

15. ACADEMIC ATTAINMENTS AND ACTIVITIES: (attach supporting documents)

- | | |
|-----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |
| 13. | 14. |
| 15. | 16. |

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.

I also confirm that No Objection from the Present Employer for applying this post has been applied for/ taken.

Place:

Signature of the Candidate

Date: