

क.रा.बी.नि. E.S.I.C.

## कर्मचारीराज्य बीमानिगम

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



चिकित्सामहाविद्यालय एवअस्पताल Medical College & Hospital देसूला, एमआईए, अलवर (राज.)— 301030 Desula, MIA, Alwar (Raj) - 301030 E-mail:- dean-alwar.rj@esic.nic.in ms-alwar.rj@esic.nic.in Website:- www.esic.nic.in/www.esic.in

## Format of Application

Affix recent passport size photograph.

٠	Post applied for:		
•	Department applied for:		
	Name in block letters:	Sex:	
	Father's/Husband's name:		

· Date of Birth, Age as on date of interview:

• Whether SC/ST/OBC/UR/EWS: Post notified under:

 $\cdot \quad Qualifications \ (MBBS/MD/MS/DNB/PG \ Diploma \ etc. \ with \ certificates)$ 

Sr. No.	Qualifications	Board/University	Year of Passing	Marks	Division	Attempts
				Dalle-		

Experience (as per the post notified) Govt./Pvt. Hospital/Institution (in Years/ Months) with	th
certificates –	

2.

1.

3.

· Current employment details:

· MCI/State Regn. no.:		
· Telephone No. Res:Mobile:	e-ma	il:
· Permanent Address:		College Control
· Present Residential Address:		
· Whether married/Unmarried:		
· Nationality & Mother tongue:		
· Blood Group:		
· PAN Card No.		
· Height:Ftinches		
· Height:rtmenes		
· Identification Mark:		
DECLARATION:  I undertake that all the information given above by me olemnly affirm that if any information given by me found wrill automatically stand cancelled.		
Date:		(Signature of Candidate)
Check List of enclosures attached:-		
<ul> <li>Date of Birth Certificate (10<sup>th</sup> passing Certificate)</li> </ul>		Yes/No
<ul> <li>UG Certificate</li> </ul>		Yes/No
Diploma/PG Certificate	• :	Yes/No
MCI/State Registration Certificate	:	Yes/No/N.A
• Experience Certificate/NOC, if applicable	:	Yes/No/N.A
Research Publications, if applicable	:	Yes/No/N.A
• Caste (SC/ST/OBC/EWS) Certificate (latest), if applical	ble:	Yes/No/N.A
Residential address proof	:	Yes/No