

APPLICATION FORM FOR ENGAGEMENT OF TEACHING FACULTY ON CONTRACTUAL BASIS
IN ESIC MEDICAL COLLEGE, FARIDABAD

1. (a) Name of ESIC Medical Education Institution applied for : _____
 (b) Post applied for _____
 (c) Specialty applied for _____
2. Particulars of the draft _____
 Amount (₹) _____
 Name of issuing bank branch _____
 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 date of walk in interview _____
6. Nationality _____
 7. Mailing address _____
 8. (a) Email _____
 (b) Mobile No. _____
9. Permanent Address _____

10. Sex (write 1 for Male, 2 for Female, 3 for Transgender)
11. i) (a) If Person With Disability (PWD) **Yes / No**
 (b) If Yes, Percentage of Disability _____
 ii) Whether Ex-Serviceman **Yes / No**
 iii) Whether ESIC / Govt. Employees **Yes / No**
12. Community to which applicant belongs
 (Write 1 for SC, 2 for ST, 3 for OBC and 4 for General)

Affix self-attested recent
 passport size photograph
 here (photograph should
 be firmly pasted on this
 space and not stapled)

13. **ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

(Attach annexure, if necessary)

Name & Address of College	University	Duration		Degree / Examination Passed	Subjects	Percentage of marks obtained
		From	To			

Contd. ...3

14. **DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)**

(Attach annexure, if necessary).

Name of the Institution	Position(s) held	Period of service		Institution Type	Whether Experience is recognized by MCI
		From	to		

Contd. ...4/-

15. DETAILS OF RESEARCH PUBLICATIONS

(Attach annexure, if necessary).

Name of Journals/Research Papers (Indexed in Pub. MED)	Year of Publication	Title of Research Papers

16 Training

Institution	Period	Field of Training

17. Academic attainments and activities _____

(Attach Annexure, If necessary)

- | | |
|-------------|--------------|
| (i) | (v) |
| (ii) | (vi) |
| (iii) | (vii) |
| (iv) | (viii) |

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 affirm that No Objection Certificate from the present employer for applying this post has been applied for/taken.

Place _____

Date _____

Signature of Candidate _____