Attach Recent Passport Size Photograph – self attested across the lower part of the photograph (4 cm x 3 cm)

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

1.	(a) Post	applied fo	or :					
	(b) Spec	cialty appli	ied for	:				
2.	Particul	lars of the	draft	:				
	Amount	Rs. :						
	Name o	f issuing b	ank bran	ich:		······		
	D.D. No	.:		Dated:				
3.	Name in full ( <b>in block letter</b> ):							
4.	Father's/ Husband's Name:							
5.	(a) Date of Birth ( <b>in figures</b> ):							
	(in wor	rds)	:					
6.	(a) Relig	gion	:					
	(b) Nati	onality	:					
7.	Mailing	Address: .						
8.	(a) E-Ma	ail :						
	(b) Mob	ile No.:					······	
<b>1.</b> Per	manent A	Address	:				······	
10.	Sex (wr	ite 1 for M						
10. 11.	Sex (wr	ite 1 for M Whether	1ale, 2 foi	r Female, 3 for		)		
	-	Whether	1ale, 2 foi Ex-Servi	r Female, 3 for		)	:	
	(i) (ii)	Whether Whether	1ale, 2 foi Ex-Servi	r Female, 3 for ceman		)	: : Yes / No	
11.	(i) (ii)	Whether Whether	1ale, 2 foi Ex-Servi	r Female, 3 for ceman ovt. Employee		)	: : Yes / No : Yes / No	
11.	(i) (ii) Commu	Whether Whether nity to whi	1ale, 2 foi Ex-Servi	r Female, 3 for ceman ovt. Employee		)	: : Yes / No : Yes / No	
11.	(i) (ii) Commu	Whether Whether nity to whi 1 for SC	1ale, 2 foi Ex-Servi ESIC/ Go ich applic	r Female, 3 for ceman ovt. Employee		)	: : Yes / No : Yes / No	
11.	(i) (ii) Commu	Whether Whether nity to whi 1 for SC 2 for ST	1ale, 2 foi Ex-Servi ESIC/ Go ich applic	r Female, 3 for ceman ovt. Employee		)	: : Yes / No : Yes / No	

## 13. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS(Graduate level onwards)

(Attach annexure, if necessary)

	University	Duration				
Name & Address of College		From	То	Degree/Exa mination Passed	Subjects	Percentage of marks obtained

14. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER): Teaching experience certificate to be furnished. (Add extra rows if necessary)

Name of the Institute	Position (s) held	Period of service		Institution Type (Govt.	Whether Experience
		From	То	/ Pvt.)	recognized by MCI

15. DETAILS OF RESEARCH PUBLICATIONS:

Name of the Journal With volume and number	Year of Publication	Title of the Research Paper	First / Second / Other Author

## 16. TRAINING IN M.C.I. RECOGNIZED TEACHERS' TRAINING PROGRAM: (attach supporting documents)

Institution	Period	Name of the Training Program

17. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents)

18. List of Enclosures:

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: