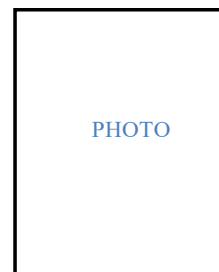


FORMAT OF APPLICATION

Appointment to the post of **Senior Resident** on 1 year contract basis in
ESI-PGIMSR, & ESIC Medical College and ESIC Hospital & ODC (EZ), Joka, Kolkata – 700104

- 1 Specialty/Department :
- 2 Name in Block Letter :
- 3 Father's /Husband's Name :
- 4 Date of Birth :
- 5 Postal address, Mobile No
& Email. ID :
- 6 Permanent Address, Mobile No.
& E-mail Id :
- 7 Whether SC/ST/OBC/General/EWS :
- 8 Educational Qualification :
- 9 Experience :



Undertaking: - I solemnly declare that the above statement is correct to the best of my knowledge and belief. In the event of any information being found incorrect, my application/candidature shall be liable to rejection summarily.

(Signature of the Applicant with date)

Note : Neatly typed application in the prescribed format in double spacing in A4 size along with attested copies of educational qualification, date of birth (Matriculation certificate), Caste certificate (in the case of SC/ST/OBC/EWS), any other documents required must reach in the office of the Dean within the stipulated period of time. Any application not complete in all respect and not received within the specified period will not be accepted.

VERIFICATION - SLIP

| | | | | | | | |
|-----|-----------------------------|--|----------------------------|-------|------|-----|-------|
| 01. | Date of Verification | | | | | | |
| 02. | Name of the Candidate | | | | | | |
| 03. | Father's/Husband's Name | | | | | | |
| 04. | Post & Department | | | | | | |
| 05. | Verification | | | | | | |
| | Sl. No. | Particulars | | | | | |
| | a | Date of birth | | | | | |
| | b | Educational & Technical Qualifications | | | | | |
| | c | Experience | | | | | |
| | d | Bond Release Certificate (if Applicable) | Yes / No | | | | |
| | e | Research/Publication Work | | | | | |
| | f | Category (For UR, EWS, SC,ST, & OBC) | | | | | |
| | g | Present Employment | NOC/Employer's Certificate | Years | Pvt. | PSU | Govt. |
| 06. | Signature of the Candidate: | | | | | | |

| |
|----------------------------|
| For Office Use Only |
| Result of verification. |

Verified by:

Checked by:

Signature:

Name:

Designation/Date:

(Signature with seal)