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		Land to the second seco
2	Name in Block Letter	x - : 40 8 8 5	РНОТО
3	Father's /Husband's Name		resonance of the East
4	Date of Birth	•	
5	Postal address, Mobile No		
	& Email. ID	Special Company	
			e Billion and y Paris of Liveur His reposition of the con-
6	Permanent Address, Mobile No.		emperition of the first the
	& E-mail Id		
7	Whether SC/ST/OBC/General/EWS		* 2000 to 2
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 o	of the Candidate						
03.	Father's/Husband's Name							
04.	04. Post & Department							
05.	Verific	ation						
e vare	Sl. No. Particulars		THE OWNER OF THE PROPERTY.					
	a	Date of birth	工物研究 对称称					
	b	Educational & Technical Qualifications						
	С	Experience						
	d	Bond Release Certificate (if Applicable)	Yes/No pathenage research and research and research					
	e	Research/Publication Work						
	f	Category (For UR, EWS, SC,ST, & OBC)	PACE STANDARD CONTRACTOR AND ANALOGO ANALOGO AND ANALOGO A					
	g	Present Employment	NOC/Employer's Certificate	Years	Pvt.	PSU	Govt.	
06.	Signature of the Candidate:							

For Office Use Only								
Result of verification, (Eligible/Not Eligible): if any remarks.								
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to a compared to the compared of the compared								

Verified by:

Checked by:

Name: Signature: Designation: (Signature with Date & seal) Name: Signature: Designation: (Signature with Date & seal)