

कर्मचारीराज्य बीमानिगम

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



Sex:

चिकित्सामहाविद्यालय एवंअस्पताल 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.

- . Post applied for:
- Name in block letters:
- Father's/Husband's name:
- · Date of Birth, Age as on date of interview:
- Whether SC/ST/OBC/UR/EWS:
- Qualifications (MBBS/MD/MS/DNB/PG Diploma etc. with certificates)

Sr. No.	Qualifications	Board/University	Year of Passing	Marks	Division	Attempts
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- Experience (as per the post notified) Govt./Pvt. Hospital/Institution (in Years/ Months) with certificates
 - 1.
 - 2.

3.

- · MCI/State Regn. no.:
- Telephone No. Res:______Mobile:_____e-mail:

· Permanent Address:

· Present Residential Address:

· Whether married/Unmarried:

· Nationality & Mother tongue:

· Blood Group:

· PAN Card No.

· Height:_____Ft.____inches

· Identification Mark:

DECLARATION:

I undertake that all the information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date	:			
			(Signatur	e of Candidate)
Chec	k List of enclosures attached:-			
•	Date of Birth Certificate (10 th passing Certificate)	:	Yes/No	
•	UG Certificate	:	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 applicable	:	Yes/No/N.A	
•	Residential address proof	:	Yes/No	