

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

सत्यमेव जयते

Sex:

Post notified under:

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.

- . Mode of Interview: Online/ Offline (Tick appropriate option)
- . Post applied for:
- Department 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:
- 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:

(Signature of Candidate)

Check 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 |