

APPLICATION FORM FOR THE POST OF ASSOCIATE PROFESSOR IN ESI CORPORATION-2022

1. (a) Institution applied for: Medical OR Dental
(Select any one)
(b) Specialty applied for: _____
2. Particulars of the Demand Draft/Banker's Cheque:
(a) Amount Rs. _____
(b) Name & Branch of issuing bank _____
(c) DD/BC No. _____ dated _____
3. Name (in full) (in block letters): _____
4. Father's / Husband's Name: _____
5. (a) Date of Birth (in figures): _____
(in words _____)
(b) Age as on closing date (i.e. **11.05.2022**): Year _____, Months _____, Days _____
6. (a) Religion: _____
(b) Nationality: _____
7. (a) Mailing address: _____

(b) E-mail ID: _____
(c) Mobile No.: _____
8. Permanent Address:
(with telephone number) _____

9. Sex (write 1 for Male, 2 for Female & 3 for Transgender): _____
10. (i) Are you a Person with Disability (PWD): (Yes /No): _____
(ii) If Yes, then Percentage of Disability: _____
11. (i) Are you an Ex-Serviceman: (Yes /No): _____
(ii) If Yes, then Date of discharge from Armed Forces: _____
12. (i) Are you an ESIC / Govt. Employee (Yes/No): _____
(ii) If Yes, please mention whether ESIC or Govt. Employee: _____

Affix self-attested recent passport size photograph here (photograph should be firmly pasted on this space and not stapled)

13. Community to which applicant belongs to: _____
(SC or ST or OBC or EWS or General)

14. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS:
(Attach annexure, if necessary)

Name & Address of Institution	University	Degree/ Examination Passed	Duration		Subjects	Percentage of marks obtained
			From	To		

15. DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER) (Attach annexure, if necessary).

Name of the Organization (please specify whether Central Govt./ State Govt./ Public Sector /Autonomous Body/ Private Sector)	Position(s) held	Period of service		Teaching Experience			Whether the Experience is recognized by MCI/DCI or Statutory Body concerned, as Teaching Experience.	Whether working on Regular Basis/ Contractual Basis/ Adhoc Basis/ Residency Scheme etc.
		From	To	Years	Months	Days		

Contd...

16. Date of completion of Compulsory Rotating Internship: _____
17. Registration No. and Date of Registration of MBBS/BDS or equivalent and Post Graduate Qualification (MS/MS/DNB/Diploma etc.) with the Medical Council of India/State Medical Council/Dental Council of India:
 (a) MBBS or equivalent Qualification:
 Registration No.: _____ : Date of Registration : _____
 Name of the Medical Council (MCI/State Medical Council/DCI): _____
- (b) Post Graduate Qualification (MS/MS/DNB etc.):
 Registration No. : _____ : Date of Registration: _____
 Name of the Medical Council (MCI/State Medical Council/DCI): _____
18. Trainings (if any).

Institution	Period	Field of Training

19. Academic attainments and activities (Attach annexure, if necessary) _____
20. Details of Publications (Attach annexure, if necessary):

- (i)
- (ii)
- (iii)
- (iv)
- (v)

21. List of enclosures :

- (i)
- (ii)
- (iii)
- (iv)
- (v)
- (vi)
- (vii)
- (viii)
- (ix)
- (x)

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 affirm that No Objection Certificate from the present employer for applying this post has been applied for/taken.

If selected, I am willing to serve anywhere in India.

Place _____
 Date _____

Signature of the Candidate: _____

(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kumari _____ son/ daughter of _____ of village/town _____ in District/Division _____ in the _____ State/Union Territory _____ belongs to the _____ Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____*.

Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-Estt. (SCT,) dated 08.09.1993**.

Date _____	District Magistrate/ Deputy Commissioner etc.
------------	---

Seal of Office

*-	The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.
**-	As amended from time to time.
Note:	The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

List of authorities empowered to issue Caste/Tribe Certificate Certificates:

i.	District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy. Collector / 1 st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner/ Taluka Magistrate / Executive Magistrate.
ii.	Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
iii.	Revenue Officers not below the rank of Tehsildar.
iv.	Sub-Divisional Officers of the area where the applicant and or his family normally resides.

Note-I	a. The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. b. The authorities competent to issue Caste Certificate are indicated below:-
	i. District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / 1 st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1 st Class Stipendiary Magistrate).
	ii. Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.
	iii. Revenue Officer not below the rank of Tehsildar
	iv. Sub-Divisional Officer of the area where the candidate and/or his family resides.
Note-II	The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.
Note-III	The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per Annexure 'A' above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

**Form of declaration to be submitted by the OBC candidate
(in addition to the community certificate)**

I _____ Son/Daughter of Shri _____ resident of Village/Town/
City _____ District _____ State.....hereby declare that I belong
to the _____ community which is recognized as a backward class by the
Government of India for the purpose of reservation in services as per orders contained
in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt.
(SCT) dated 8-9-1993. It is also declared that I do not belong to persons/
sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above
referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.)
dated 9th March, 200, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008
and OM No. 36033/1/2013-Estt. (Res.), dated: 27th May, 2013.

Signature: _____

Full Name: _____

Address: _____

PROFORMA OF CERTIFICATE FOR EMPLOYED OFFICIALS

I hereby, with the information available, certify that Shri _____(Name)_____.

No. _____(Rank)_____, would complete prescribed period of appointment on

_____ (Date)_____.

Place:

Dated:

Signature
Commanding Officer
Office Seal