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|  <p>क.रा.बी.नि. E.S.I.C.</p> | <p>कर्मचारीराज्य बीमानिगम (श्रम एवंरोजगारमंत्रालय, भारत सरकार) EMPLOYEES' STATE INSURANCE CORPORATION (Ministry of Labour & Employment, Govt. of India)</p> |  <p>सत्यमेव जयते</p> | <p>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</p> |
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Format of Application

Affix recent
passport size
photograph.

- Post applied for:
- Name in block letters: _____ Sex: _____
- 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. _____
- Current Employment Detail:

- 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 (10th 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