

 <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:**
- **Department 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:** **Post notified under:**
- **Qualifications (MBBS/MD/MS/DNB/PG Diploma etc. with certificates)**

Sr. No.	Qualifications	Board/University	Year of Passing	Marks	Division	Attempts

- **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 |