क.रा.बी.नि.
E.S.I.C.

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

सत्यमेव जयते

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:** **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

- **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