

**Application for the post of 3 Year Senior Resident on contract basis & Part time Specialist (for one year tenure on contract basis) in ESIC Model Hospital Cum Occupational Disease Centre, Nanda Nagar Indore(M.P.)**

Department for which applying.....

- 1 Name (In block letters) : \_\_\_\_\_
- 2 Father's/Husband's Name : \_\_\_\_\_
- 3 Permanent Address : \_\_\_\_\_
- 4 Correspondence Address : \_\_\_\_\_
- 5 Telephone/ Mobile Number : \_\_\_\_\_
- 6 Date of Birth : \_\_\_\_\_
- 7 Age as on ..... : \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
- 8 Whether SC/ST/OBC/General/ PH : \_\_\_\_\_
- 9 Educational/Professional Qualification :-

Recent pass-  
Port size  
photograph duly  
attested by  
gazetted officer

DEGREE/DIPLOMA/PG DEGREE	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS (if any)
MBBS				
PG DIPLOMA ( )				
PG DEGREE ( )				
DNB ( )				
ANY OTHER				

- 10 Work Experience :

S. No.	Post held	Institution	Period (Dates:- from – to)	Period in mths/year
1				
2				
3				
4				

11 Registration No. : \_\_\_\_\_

12 Have you ever been dismissed or Punished. : \_\_\_\_\_

**Declaration:-** I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incorrect/incomplete or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled and in the event of any statement/information found false/incorrect even after my appointment, my services are liable to be terminated without any notice. I am citizen of India by birth/domicile.

Date.....

Signature of the candidate:.....

Check list of enclosures attached:

- |  |          |
|--|----------|
| 1. Date of Birth Certificate   | Yes / No |
| 2. Degree Certificate along with attempt Certificate                 | Yes / No |
| 3. Diploma Certificate along with attempt Certificate, if applicable | Yes / No |
| 4. Experience Certificate, if applicable                             | Yes / No |
| 5. MCI Registration Certificate                                      | Yes / No |
| 6. Caste (SC/ST/OBC) Certificate, if applicable                      | Yes / No |

**PROFORMA**

**Department:**

**Name :**

**PROFESSIONAL QUALIFICATION**

DEGREE/DIPLOMA/PG DEGREE	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS (if any)
MBBS				
PG DIPLOMA ( )				
PG DEGREE ( )				
DNB ( )				
ANY OTHER				

**WORK EXPERIENCE**

S. No.	Post held	Institution	Period (Dates:- from – to)	Period in mths/year
1				
2				
3				
4				
5				
6				
7				

Total Experience (in years) =

Signature :

Name :