

“ANNEXURE-A”
RECRUITMENT FOR THE POST OF PART TIME SPECIALISTS & PART TIME SUPER
SPECIALISTS ON CONTRACT BASIS FOR ESI HOSPITALS, MAHARASHTRA.

Post _____ Speciality _____

Paste your
recent
passport size
Photograph
Self attested

1. Name : _____

2. Date of Birth _____ Marital Status _____

3. Address : _____

4. Contact No. _____ E-Mail _____

5. M.B.B.S. (Year of Passing) : _____

6. Post Graduation (Degree/Diploma) :

Sr.	Degree / Diploma	Year of Passing	University / Institute
1			
2			
3			

7. Medical Council Registration No. _____

8. Name of Medical Council _____

9. Experience :

Sr.	Designation & Institute	From	To	Period
1				
2				
3				

10. Presently working as Designation _____ Name of Institution
_____ Govt. /Private _____

11. NOC certificate from present employer taken /PO copy available _____

12. Option of Place of posting if any preference wise _____
(only for Part Time Specialists)

I hereby declare that the information given about is true /correct to the best of my knowledge and belief. In case of any information is found false, incorrect of the later stage of the recruitment /appointment shall be heard by the decision of ESI Corporation.

Date & Place _____

(Signature of Candidate)