

Annexure-A

Application for the post of 39 days Senior Resident against GDMO's in ESIC Model Hospital, Sector-9A, Gurugram (Haryana)-122001.

Post for which applying _____

- Recent Passport size photograph duly attested.

- Name (in Block Letters): _____

- Father's/Husband's Name: _____

- Permanent Address: _____

- Correspondence Address : _____

- E-mail Address: _____

- Telephone/Mobile Number: _____

- Date of Birth: _____

- Age as on 03/08/2018: _____

- Whether SC/ST/OBC/General/PH: _____

• **Educational/Professional Qualification:-**

<u>DEGREE/ DIPLOMA/PG DEGREE</u>	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	PERCENTAGE/ REMARKS
MBBS				
PG Diploma()				
PG Degree() (MD/MS/DNB/				
Any other				

• **Work Experience:-**

S No	Post Held	Institution	Period (Dates: from-to)	Period in months/year
1				
2				
3				
4				

• **Whether worked/working as Senior Resident: Yes/No**

in any Central/State Govt. If yes: 1. period of SR Ship from _____ to _____

2. Name of Organization & Address:

• **Registration no. of MCI/DCI:**

- **Have you ever been dismissed from any Institution 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/incomplete/ incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/canceled 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: _____

Place: _____

Signature of the candidate: _____

Check list of enclosures Must be enclosed:-

- | | |
|--|--------|
| • Date of Birth Certificate | Yes/No |
| • Degree Certificate along with attempt certificate | Yes/No |
| • Diploma Certificate along with Certificate, if applicable | Yes/No |
| • Experience Certificate/NOC, if applicable from previous Employer | Yes/No |
| • MCI/DCI or State Council Registration Certificate | Yes/No |
| • Caste (SC/ST/OBC) Certificate, if applicable | Yes/No |
| • Certificate of Person with Disability, if applicable | Yes/No |