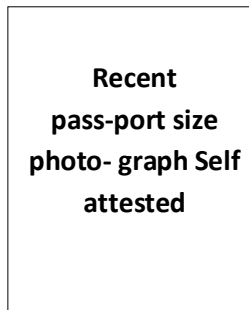


**Annexure-A**  
**Application form for the post of Specialist**  
**ESIC Medical College and Hospital**  
**NH-3, NIT, Faridabad**

Post for which applying \_\_\_\_\_



1. Name (In Block letters) : \_\_\_\_\_
2. Father's/Husband's Name : \_\_\_\_\_ (Tick Mark)
3. Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_
4. Correspondence Address : \_\_\_\_\_  
: \_\_\_\_\_
5. E-Mail : \_\_\_\_\_ (ONLY Capital Letters)
6. Telephone/Mobile Number: \_\_\_\_\_
7. Date of Birth : \_\_\_\_\_
8. Age as on date of Walk in interview : \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days.
9. Whether SC/ST/OBC/General/PH/EWS : \_\_\_\_\_

10. Educational/Professional Qualification:-

<u>DEGREE/DIPLOMA/PG DEGREE</u>	<u>YEAR OF PASSING</u>	<u>UNIVERSITY</u>	<u>NO. OF ATTEMPTS</u>	<u>REMARKS</u>
MBBS				
PG Diploma ( )				
PG Degree ( )				
DNB ( )				
ANY OTHER				

**11. Work Experience**

<u>Sr. No</u>	<u>Post Held</u>	<u>Institution</u>	<u>Period</u> (Dates: from-to)	<u>Period in</u> <u>months/year</u>
1				
2				
3				
4				

**12. Whether worked/working as Senior Resident/Junior Resident in any**

**Central/State Government: Yes/No**

**If yes : 1 period of SR/JR ship from \_\_\_\_\_ to \_\_\_\_\_**

**: 2 Name of organization & Address \_\_\_\_\_**

**13. Registration No. : \_\_\_\_\_**

**14. 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/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.`**

- |   |        |
|---|--------|
| 1) Date of Birth Certificate  | Yes/No |
| 2) U. G. & P. G Degree Certificates along with mark sheet & attempt certificate | Yes/No |
| 3) Experience Certificate, if applicable  | Yes/No |
| 4) MCI Registration Certificate   | Yes/No |
| 5) Caste (SC/ST/OBC/EWS) Certificate, if applicable                             | Yes/No |