



क.रा.बी.नि.जनरल अस्पताल/ESIC GENERAL HOSPITAL  
कर्मचारी राज्य बीमा निगम/EMPLOYEES' STATE INSURANCE CORPORATION  
श्रम एवं रोजगार मंत्रालय, भारत सरकार/MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA  
रेल्वे क्रॉसिंग के पास, हिम्मतनगर हाइवे/NEAR RAILWAY CROSSING, HIMMATNAGAR HIGHWAY,  
नरोडा, पो - कुबेरनगर, अहमदाबाद(गुजरात)/NARODA, PO-KUBERNAGAR, AHMEDABAD (GUJARAT) - 382340  
आई एस ओ 9001:2015 प्रमाणित/ ISO 9001:2015 CERTIFIED  
दूरभाष: (079) 22812235-36, फ़ैक्स: (079) 22812333, ई-मेल/E-MAIL:ms-naroda.gj@esic.in

### APPLICATION FORM

1. Name of the Post Applied \_\_\_\_\_

2. NAME (in capital letters) \_\_\_\_\_

3. Father's /Husband's Name \_\_\_\_\_

4. Category (SC, ST, OBC, General): \_\_\_\_\_

5. Age (as on 01.10.2017) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

6. Date of Birth (in figures) \_\_\_\_\_

(in words) \_\_\_\_\_

7. (a) Religion \_\_\_\_\_ (b) Nationality \_\_\_\_\_

8. Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin: \_\_\_\_\_

9. Permanent Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin: \_\_\_\_\_

10. E-Mail Id (If any) \_\_\_\_\_

Affix recent passport  
size photo

Signature of the  
Candidate

11. UID (Aadhaar) No. \_\_\_\_\_

12. PAN no. \_\_\_\_\_

13. Contact Details (Cell no.) \_\_\_\_\_ (Phone no.) \_\_\_\_\_

14. Sex: (Male (01) & Female (02)):

15. (i) (a) If physically handicapped (Orthopedically handicapped) Yes / No

(b) If yes, % of Disability  %

16. Whether Ex-serviceman Yes / No

17. Essential Educational Qualification:

Sl. No.	Name & Address of University/College	Duration		Degree / Diploma Passed	% of marks obtained
		From	To		

18. Date of Completion of compulsory Rotating Internship: \_\_\_\_\_

19. Date of Registration with MCI / SMC / DCI : \_\_\_\_\_

20. Details of past Experience in Chronological order:

Name of the Organisation (please specify whether Central/State Govt./Autonomous body/Pvt. Sector)	Position (s) held and to whom reporting	Period of Service	Nature of Work done & reasons for leaving	Scale of Pay	Basic Pay	Gross Pay

21. Particulars of DD: No. \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_ Amount \_\_\_\_\_

I hereby declare that the details provided in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information found false or incorrect at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without notice or any compensation in lieu thereof.

I also affirm that "No Objection Certificate" from the present employer for applying this post has been applied for/taken and I know that the same will be submitted to the competent authority at the time of joining, if selected.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate

Enclosure Checklist:

1. DD of Rs. 300/- (Application Form Fee).
2. Matriculation Certificate as proof of Date of Birth.
3. Photo copies of Educational Qualifications.
4. Photo copies of Past Experience Certificates.
5. Photo copies of Registration Certificates.
6. Photo copy of Caste Certificate.
7. Photo copy of PAN.
8. Photo copy of UID Card (Aadhaar).