

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 क्रोसिंग 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) 2281235-36,फ़ैक्स: (079) 22812333, ई-मेल/E-MAIL:ms-naroda.gi@esic.in

ADDI ICATION EODM	
APPLICATION FORM	
1. Name of the Post Applied	4.00
2. NAME (in capital letters)	Affix recent passport size photo
3. Father's /Husband's Name	
4. Category (SC, ST, OBC, General):	
5. Age (as on 01.10.2017)YearsMonthsDays	Candidate
6. Date of Birth (in figures)	
(in words)	
7. (a) Religion(b) Nationality	
8. Mailing Address	
Pin:	
9. Permanent Address	
D:	
Pin:	-
10. E-Mail Id (If any)	

2. PAN no.								
13. Contact Details (Cell no.)				(Phone no.)				
J. Sex: (Male (01)	& Female (02)):						
15. (i) (a) If physically handicapped (Orthopedically handicapped)(b) If yes, % of Disability16. Whether Ex-serviceman				Yes / No			%	
			Yes / No					
. Essential Educa	tional Qualific	ation:			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The state of the s	Address of	I	Duration				% of	
	ty/College	Fron	1	То	Diploma Passed		marks obtained	
	,							
				ernship:				
Details of past E	xperience in C	hronologica	l orde	er:				
nisation (please exify whether entral/State c./Autonomous y/Pvt. Sector)	Position (s) held and to whom reporting	Period of Service	Wo:	rk done & asons for	Scale of Pay	Basic Pay	Gros Pay	
	Date of Complete Date of the misation (please cify whether entral/State (J. If physica (Orthoped (b) If yes, % (b) If yes, % (c) Whether Ex-ser (c) Essential Educa Name & J. University (c) Date of Registral Date of the misation (please cify whether entral/State (c) Autonomous	A. Sex: (Male (01) & Female (02) 5. (i) (a) If physically handicapped (Orthopedically handically handically handically by the second of Disability 6. Whether Ex-serviceman 7. Essential Educational Qualifical Name & Address of University/College 8. Date of Completion of compulation of Position (Solution (please position) (please position) (please position) (please position) (solution)	A. Sex: (Male (01) & Female (02)): 5. (i) (a) If physically handicapped (Orthopedically handicapped) (b) If yes, % of Disability 6. Whether Ex-serviceman 7. Essential Educational Qualification: Name & Address of University/College Promute In Item In	Sex: (Male (01) & Female (02)): 5. (i) (a) If physically handicapped	A. Sex: (Male (01) & Female (02)): 5. (i) (a) If physically handicapped (Orthopedically handicapped) (b) If yes, % of Disability 6. Whether Ex-serviceman Yes / No 7. Essential Educational Qualification: Name & Address of University/College Name & Address of University/College Prom To 1. Date of Completion of compulsory Rotating Internship: Date of Registration with MCI / SMC / DCI Details of past Experience in Chronological order: Details of past Experience in Chronological order:	A. Sex: (Male (01) & Female (02)): 5. (i) (a) If physically handicapped (Orthopedically handicapped) (b) If yes, % of Disability 5. Whether Ex-serviceman Yes / No C. Essential Educational Qualification: Name & Address of University/College Duration Degree / Diploma Passed Diploma Passed Date of Completion of compulsory Rotating Internship: Date of Registration with MCI / SMC / DCI Details of past Experience in Chronological order: Iame of the Disability Details of past Experience in Chronological order: Iame of the Disability Nature of Work done & Scale of Pay Leaving Nature of Pay Leaving	A. Sex: (Male (01) & Female (02)): 5. (i) (a) If physically handicapped (Orthopedically handicapped) (b) If yes, % of Disability 6. Whether Ex-serviceman Yes / No C. Essential Educational Qualification: Name & Address of University/College From To Degree / Diploma Passed ob Duration To Passed ob Date of Completion of compulsory Rotating Internship: Date of Registration with MCI / SMC / DCI Details of past Experience in Chronological order: Jame of the insation (please of the disation (please of	

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:

5

- 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).