

## EMPLOYEES' STATE INSURANCE CORPORATION MEDICAL COLLEGE, KALABURAGI

[Ministry of Labour and Employment, Govt. of India] SEDAM ROAD, KALABURAGI-585106.

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A DDI	ICATION FORM	FOR DNG ( CHAPTER OF CRAPTE )				
CON	TRACTUAL BAS	I FOR ENGAGEMENT OF SENIOR RESIDENT ON IS IN ESIC MEDICAL COLLEGE, KALABURAGI				
1.,	1. (a) Post applied for:					
	(b) Specialty appl	ied for:				
2.	2. Name in full (in block letter):					
3.	3. Father's/ Husband's Name:					
4.	4. (a) Date of Birth (in figures):					
		(in words):				
	(age as on 03.0	7.2019) :				
	Religion	l=a				
	Nationality	:				
5. M	ailing Address	I				
6. (a)	) E-Mail	:				
1.	Mobile No.	:				
7. Permanent Address :						
		T				
8.	Sex (write 1 for M	ale, 2 for Female, 3 for Transgender):				
9.	(i)Whether Ex-Ser	viceman : Yes / No				
	(ii)Whether ESIC/	Govt. Employee : Yes / No				
10.	10. Community to which applicant belongs Write 1 for SC, 2 for ST, 3 for OBC and 4 for General					

11. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (Graduate level onwards)
(Attach annexure, if necessary)

	,	cure, if necessary)		Dura tion			
	Name & Address of College	University	From	То	Degree / Examination Passed	Subjects	Percentage of marks obtained
MBBS							
MD/MS							

## 12. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER):

Teaching experience certificate to be furnished. (Add extra rows if necessary)

Name of the Institute	Position (s) held	Period of	service	Institution Type	Whether
		From	То	(Govt.	Experience recognized by MCI

## 13. DETAILS OF RESEARCH PUBLICATIONS:

Serial No	Name of the Journal With volume and number	Year of Publication	Title of the Research Paper	First / Second / Other Author
<u>-</u>				
		<del>                                     </del>		

## 14. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents)

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.

I hereby declare that all the statements made 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 being 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 confirm that No Objection from the Present Employer for applying this post has been applied for / taken.

Place:	Signature of the Candidate
Date:	6