ANNEXURE-I

APPLICATION FORM FOR ENGAGEMENT OF TEACHING FACULTY ON CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE, JOKA

| 1. | (a) Post | t applied for | : | | Attach Recent Passport | | |
|------------------------------------|------------|----------------------------|--------------------------------------|------------|------------------------|--|--|
| | | (b) Specialty applied for: | | | | | |
| 2. | _ | Particulars of the draft : | | | | | |
| ۷. | | | | | (4 cm x 3 cm) | | |
| | | | | | | | |
| | Name o | of issuing ba | nk branch: | | | | |
| | D.D. No | lo.: | Dated: | | | | |
| 3. | Name in | in full (in bl o | ock letter): | | | | |
| 4. | Father's | s/ Husband's | s Name: | | | | |
| 5. (a) Date of Birth (in figures): | | | | | | | |
| | (in wor | rds) : | | | | | |
| 6. | (a) Reli | igion : | | | | | |
| | (b) Nati | ionality : | | | | | |
| 7. | Mailing | g Address: | | | | | |
| | | | | | | | |
| | | | | | | | |
| 8. | (a) E-M | /Iail: | | | | | |
| | (b) Mol | bile No.: | | | | | |
| | | | | | | | |
| 1. Pe | ermanent . | Address : | | | | | |
| | | | | | | | |
| | | | | | | | |
| 10. | Sex (wi | rite 1 for Ma | le, 2 for Female, 3 for Transgender) | | | | |
| 11. | (i) | | a-Serviceman | : Yes / No | | | |
| 11. | (ii) | | SIC/ Govt. Employee | : Yes / No | | | |
| 12. | , | | h applicant belongs | : [| | | |
| | | 1 for SC | | | | | |
| | (WITTE | | | | | | |
| | | 2 for ST | | | | | |
| | | 3 for OBC | | | | | |
| | | 4 for Gener | al | | | | |

| College | | Passed | obtained |
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to be furnished. (Add extra rows if necessary)

| Name of the Institute | Position (s) held | Period of service | | Institution Type (Govt. | Whether Experience |
|-----------------------|-------------------|-------------------|----|-------------------------|-----------------------|
| | | From | То | / Pvt.) | recognized by MCI |
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16. TRAINING IN M.C.I. RECOGNIZED TEACHERS' TRAINING PROGRAM: (attach supporting documents)

| Institution | Period | Name of the Training Program |
|-------------|--------|------------------------------|
| | | |
| | | |

17. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents)

| 7. | 8. |
|--|--|
| 9. | 10. |
| 11. | 12. |
| 13. | 14. |
| 15. | 16. |
| of my knowledge and belief. I understand that in the event of any infocandidature / appointment shall be liable to be compensation in lieu thereof. | in this application are true, complete and correct to the best ormation being found false or incorrect at any stage, my cancelled / terminated summarily without notice or any resent Employer for applying this post has been applied for / |

Signature of the Candidate

Place:

Date: