

E.S.I.C. MODEL HOSPITAL (MINISTRY OF LABOUR AND EMPLOYMENT, GOVT. OF INDIA) कर्मचारी राज्य बीमा निगम आदर्श हस्पताल



(श्रम एवं रोजगार मंत्रालय, भारत सरकार) BHARAT NAGAR, LUDHIANA- 141001, भारत नगर, लुधियाना-141001 (ISO 9001: 2008 QMS CERTIFIED)/आई एस ओ 9001: 2008 प्रमाणित E-mail: ms-ludhiana@esic.nic.in; Website: http://www.esichospitals.gov.in **☎**:- 0161-2403393

	FION FOR THE POST C		RT TIME) ON CONTRACT BASIS	Paste your recent passport size
		 rs):		
02. Fathe	r's/Husband's Name:			
03. Date o	of Birth (In Christian I	Era: (In figures)		
(In wo	rds)	
(a) Age a	s on	_		
04. Are yo	ou a citizen of India by	y birth and / or domicile:	·	
05. Perma	anent address (In Blo	ck letters)		
	ng address (In Block le		PIN CODE:	
-	e No: (Land Line)		PIN CODE:	
07. Catego	ory you belong to:			
Code of C	ategory (UR-01, SC-02	2, OBC-03, ST-4)		
08. Educa	tional Qualification:-			
Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts.

51.110.	Quanneation	oniversity/board	70 age of Marks obtained	No. of attempts.
1	PG Degree			
	<u> </u>			
2	DM/MCH			
2				

09. Experience/particulars of previous and present employment.

Sr. No.	Name and Full address of the employer	Designation	Period of emj	oloyment	Total Experience
			From	ТО	

4.

5.

6.

List of enclosures: 09

I hereby declare that the information furnished as above in the application is 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 is liable to outright cancellation/termination without notice or any compensation in lieu thereof.

Date

1

2

3.

Signature of the candidate Name__

Place

ADDIO LUNCO
Filipine S.I.C.

E.S.I.C. MODEL HOSPITAL (MINISTRY OF LABOUR AND EMPLOYMENT, GOVT. OF INDIA) कर्मचारी राज्य बीमा निगम आदर्श हस्पताल



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	LICATION FOR THE POST OF SPE	CIALIST (PART TI	ME/ F	ULL TIME) (ON CONTRACT	BASIS FOR	Paste your recent passport size
01. N	ame in full (in Block Letters):						
02. F	ather's/Husband's Name:						
03. E	ate of Birth (In Christian Era: (In f	igures)					
(I	n words)			
(a) A	Age as on						
04. A	re you a citizen of India by birth a	nd / or domicile:					
05. P	ermanent address (In Block letter	s)					
			PIN	CODE:			
06. N	failing address (In Block letters)						
			<u> </u>				
			PIN	CODE:			
Mob	ile No E-mail II)					
	ategory you belong to						
	of Category (UR-01, SC-02, OBC-03	3, ST-4)					
08. E	ducational Qualification:-						
Sr.	Qualification	University/Board	d %	6 age of Marl	ks obtained	No. of	f
No.						attempts.	
1	MBBS (% age all professions)						
2	PG Degree						-
3	PG Diploma						
09. E	xperience/particulars of previous	and present emplo	oymen	t.			—
Sr. No.	Name and Full address of the employer	Designation		od of employ		Total Experi	ence
			Fron	1	ТО		
10	List of enclosures:						
10	LIST OF CHCIUSUI C3.	4.					
1		4. 5.					

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Date Place

Signature of the candidate

Name_____

TOTIES	(MINISTRY O कर्मच (१ BHARAT NAGAR, (150 90	F LABOUR AND E री राज्य बीमा र् गम एवं रोजगार मंत्राल LUDHIANA- 141001 01: 2008 QMS CERTIF @esic.nic.in; Website	L HOSPITAL MPLOYMENT, GOVT. 0 नेगम आदर्श हरपताल 1य, भारत सरकार) ,भारत नगर, लुधियाना-141 FIED)/आई एस ओ <i>9001: 2008</i> प्रम e: <u>http://www.esichospita</u> 1-2403393	001	ukti
	ION FOR THE POST OF SEN Y Name in full (in Block Letters):_			FOR Paste your recent pas	sport
01.	Father's/Husband's Name:				
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	-				
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04.	Are you a citizen of India by bir				
05.	Permanent address (In Block le	tters)			
06.	Mailing Address				
		PIN CODE:			
	Mobile No	E-mail ID			
07.	Category you belong to				
	Code of Category (UR-01	, SC-02, OBC-03, ST-	-4)		
08.	Educational Qualification: -				
Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts.	
1	MBBS (% age all professions)				
2	PG Degree				
3	PG Diploma				

09. Experience / particulars of previous and present employment.

Sr.	Name and Full address of the	Designation	Period of employment		Total Experience
No.	employer				
			From	то	

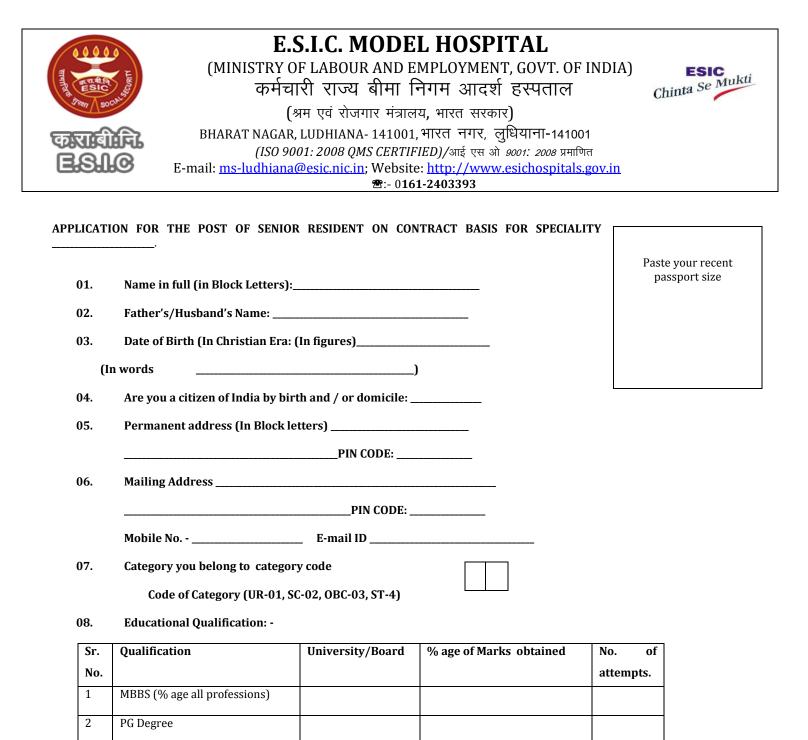
10. List of Enclosures:

1.	4.
2	5.
3.	6.

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Date Place

Signature the candidate
Name



09. Experience / particulars of previous and present employment.

Sr. No.	Name and Full address of the employer	Designation	Period of employment		Total Experience
			From	TO	

10. List of Enclosures:

PG Diploma

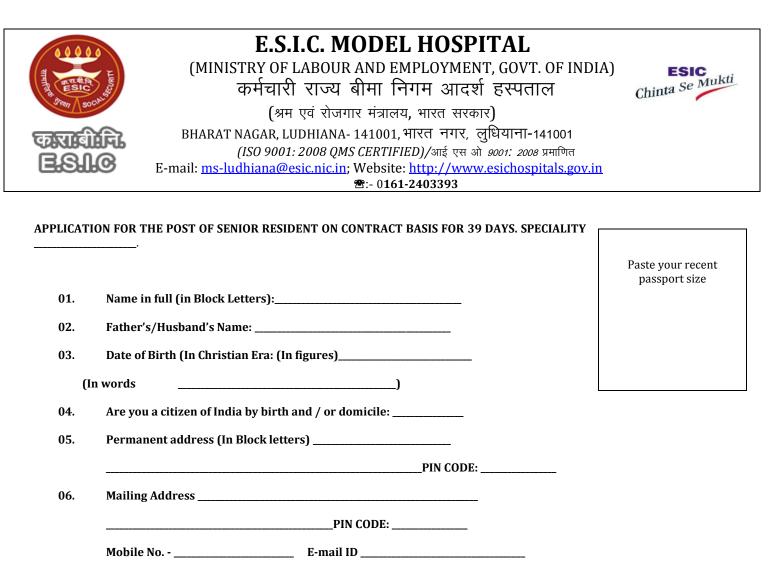
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Date Place

Signature the candidate
Name



07. Category you belong to category code

Code of Category (UR-01, SC-02, OBC-03, ST-4)

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