

APPLICATION FORM FOR THE ENGAGEMENT OF

IN ESIC HOSPITAL, VANNARPETTAI, TIRUNELVELI

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1. Post Applied for :
2. Name in Full (IN BLOCK LETTERS).....
3. Father's /Husband's Name :.....
4. Date of Birth (In figures)
(In Words)
5. Age as on the date of interview Years.....Months.....Days.....
6. Religion.....

7. Category: SC ST GEN OBC

8. Nationality:.....

9. Mailing address (with e-mail address and telephone number) :

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10. Permanent Address (with e-mail address and telephone number) :

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11. Sex : Male / Female

12. Whether ESIC/Govt. Employee : YES / NO

13. Date of completion of compulsory Rotating Internship :

14. Medical Council Register No:.....

15. Name of the Medical Council :.....

16. Tentative date of Joining (if selected) :.....

17. Details worked as Senior Resident in Central/Govt. Hospitals :

Years.....Months.....days

18. Education Qualification :

Sl No	Name of the Exam	University	Percentage of Marks	Year of passing

19. Experience:

Sl No	Name of Hospital	Post Held	Period		
			From	to	Total Period (Years & Months)

20. Presently work in as Designation

- a).....
- b) Name of the Institution.....
- c) Govt/Private.....

21. NOC certificate from present employer taken/PPO copy available(if applicable)

DECLARATION

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.

If selected, I am willing to serve anywhere in India.

Place :

Date :

Signature of the Candidate