

APPLICATION FORMATAPPLICATION FOR ENGAGING RETIRED DOCTORS (ALLOPATHY) ON CONTRACT BASIS FOR ESIC DISPENSARIES UNDER DIRECTORATE (MEDICAL) DELHI/NOIDA

PLEASE AFFIX
SELF ATTESTED
PHOTO

1. Name :-
(in full and CAPITAL letter)
2. Date of Birth :-
3. age as on 04/03/2020 :-
4. Sex :-
5. Category :-
(UR/SC/ST/OBC/PWD/EWS)
(please attach valid supportive documents)
6. Address for communication :-
7. Telephone / Mobile No. :-
8. E-mail address :-
9. Educational Qualificaiton :-
(including PG qualification)
10. Details of Service rendered /Experience:-
11. Date of retirement/Superannuation :-
(from ESIC/Govt. Service)
12. Pension Payment Order No. :-
13. Training, if any, attended :-
(Please attach valid supportive documents)

DOCUMENTS TO BE ANNEXED WITH APPLICATION FORM (dully self attested)

- 1) DATE OF BIRTH CERTIFICATE (DOB)
- 2) EDUCATIONAL QUALIFICATION CERTIFICATE (MBBS) AND OTHER QUALIFICATIONS.
- 3) PENSION PAYMENT ORDER (PPO)
- 4) EXPERIENCE CERTIFICATE (IF ANY)
- 5) 01 ADDITIONAL PASSPORT SIZE PHOTOGRAPH.
- 6) VALID CASTE CERTIFICATE
- 7) PHOTO ID CARD