



कर्मचारी राज्य बीमा निगम आदर्श अस्पताल  
**EMPLOYEES' STATE INSURANCE CORPORATION MODEL HOSPITAL**

श्रम एवं रोजगार मंत्रालय, भारत सरकार/ Ministry of Labour & Employment, Govt. of India  
 गांव - काठा, जिला - सोलन (हिमाचल प्रदेश)/ Village - Katha, Baddi, Distt.- Solan (H.P.)

## BIO-DATA FORMAT

NAME OF THE CANDIDATE :

FATHER'S NAME :

POST APPLIED FOR :

CORRESPONDENCE ADDRESS :

MOBILE NO. :

DATE OF BIRTH :

QUALIFICATION :

EXPERIENCE :

REGISTRATION NO :

CATEGORY (SC/ST/OBC/UR) :

NATIONALITY :

PASTE YOUR  
 LATEST  
 PASSPORT SIZE  
 PHOTOGRAPH  
 HERE

I, hereby declare that the information furnished 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 summarily cancellation/termination without notice or any compensation in lieu thereof.

Date \_\_\_\_\_

Signature of candidate \_\_\_\_\_