

## EMPLOYEES' STATE INSURANCE CORPORATION MEDICAL COLLEGE, KALABURAGI

[Ministry of Labour and Employment, Govt. of India] SEDAM ROAD, KALABURAGI-585106.

Tel. No.: 08472-265546/47/48

Email Id: deanmc-gb.kar@esic.nic.in

Fax No.: 08472-265545

	BASIS IN ESIC MEDICAL CO		
1. (a) Post app	lied for:		
(b) Specialt	y applied for :		
2. Name in ful	l (in block letter):		
3. Father's/ H	usband's Name:		
4. (a) Date of	Birth (in figures):		
	(in words) :		
(age as on	19.02.2020) :		
Religion	f		
Nationali	ty :	ISA ISBALQ	
. Mailing Address			
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. (a) E-Mail	I	Le vel	
1. Mobile No.	i	Table (See	
7. Permanent Add	ress :		
8. Sex (write 1	for Male, 2 for Female, 3 for Trans	sgender) :	
9. (i)Whether	Ex-Serviceman	: Yes / No	
(ii)Whether	ESIC/ Govt. Employee	: Yes / No	
	to which applicant belongs		
Write 1 for General	SC, 2 for ST, 3 for OBC and 4 for		

11. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (Graduate level onwards)

(	Attach	annexure,	if	necessary)

A Property	lexure, ii necessa		Dura tion				sustain Lettor
	Name & Address of College	University	From	То	Degree / Examination Passed	Subjects	Percentage of marks obtained
MBBS	H.L.						
MD/MS							
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## 12. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER):

Teaching experience certificate to be furnished. (Add extra rows if necessary)

	Name of the Institute	Position (s) held	Period of service		Institution Type	Whether
			From	То	(Govt.	Experience recognized by MCI
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de pal	wha arms and	malik ringalan			antist factor	
						7
				president se	24 Gmls	da i

## 13. DETAILS OF RESEARCH PUBLICATIONS:

Serial No	Name of the Journal With volume and number	Year of Publication	Title of the Research Paper	First / Second / Other Author
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## 14. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents)

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.

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.

I also confirm that No Objection from the Present Employer for applying this post has been applied for / taken.

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Place:	Signature of the Candidate:
	Date: