



**EMPLOYEES' STATE INSURANCE CORPORATION  
MEDICAL COLLEGE, KALABURAGI**

[Ministry of Labour and Employment, Govt. of India]

SEDAM ROAD, KALABURAGI-585106.

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Fax No.: 08472-265545

**APPLICATION FORM FOR ENGAGEMENT OF TEACHING FACULTY ON  
CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE, KALABURAGI**

1. (a) Post applied for : .....

(b) Specialty applied for : .....

2. Name in full (**in block letter**): .....

3. Father's/ Husband's Name: .....

4. (a) Date of Birth (**in figures**): .....

(**in words**) : .....

(**age as on 18.02.2020**) : .....

Religion : .....

Nationality : .....

5. Mailing Address : .....

6. (a) E-Mail : .....

a. Mobile No. : .....

7. Permanent Address : .....

8. Sex (write 1 for Male, 2 for Female, 3 for Transgender) :

9. (i) Whether Ex-Serviceman : Yes / No

(ii) Whether ESIC/ Govt. Employee : Yes / No

10. Community to which applicant belongs :   
Write 1 for SC, 2 for ST, 3 for OBC and 4 for General



# 11. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

(Graduate level onwards)

(Attach annexure, if necessary)

	Name & Address of College	University	Duration		Degree / Examination Passed	Subjects	Percentage of marks obtained
			From	To			
MBBS							
MD/MS							

## 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 (Govt. / Pvt.)	Whether Experience recognized by MCI
			From	To		
JR/TUTOR						
ASSISTANT PROFESSOR						
ASSOCIATE PROFESSOR						
PROFESSOR						



**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

**14. TRAINING IN M.C.I. RECOGNIZED TEACHERS' TRAINING PROGRAM: (attach Supporting documents).**

Institution	Period	Name of the Training Program

**15. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents)**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

7.

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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.

Place:

Signature of the Candidate

Date: