

**APPLICATION FORM FOR ENGAGEMENT OF SUPER SPECIALISTS ON
FULL TIME/PART TIME CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE,
FARIDABAD**

1. (a) Name of ESIC Medical Education Institution applied for _____
(b) Post applied for _____
(c) Specialty applied for _____

Affix self-attested
recent passport size
photograph here
(photograph should
be firmly pasted on
this space and not
stapled)

2. Particulars of the draft:

Amount Rs. _____

Name of issuing bank branch _____

D.D. No. _____ dated _____

3. Name in full (in block letters) _____

4. Father's / Husband's Name _____

5. (a) Date of Birth (in figures) _____

(in words) _____

- (b) Age as on date of walk in interview _____

6. (a) Religion _____

- (b) Nationality _____

7. (a) Mailing address _____

8. (a) Email _____

- (b) Mobile No. _____

9. Permanent Address _____

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

11. (i) (a) If Person With Disability (PWD) Yes / No

(b) Percentage of Disability _____

- (ii) Whether Ex-Serviceman Yes / No

- (iii) Whether ESIC / Govt. Employees Yes / No

12. Community to which applicant belongs

(Write 1 for SC, 2 for ST, 3 for OBC and 4 for General)

13. **ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

(Attach annexure, if necessary).

Name & Address of College	University	Duration	Degree/ Examination	Subjects	Percentage of marks obtained

Contd. ...

14. DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)

(Attach annexure, if necessary).

Name of the Institution	Position(s) held	Period of service		Institution Type	Whether Experience is recognized by MCI
		From	to		

15. DETAILS OF RESEARCH PUBLICATIONS

(Attach annexure, if necessary).

Name of Journals/Research Papers (Indexed in Pub. MED)	Year of Publication	Title of Research Papers

Contd... 5/

16 Training

Institution	Period	Field of Training

17. Academic attainments and activities _____

(Attach Annexure, if necessary)

- (i) (v)
- (ii) (vi)
- (iii) (vii)
- (iv) (viii)

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 affirm that No Objection Certificate from the present employer for applying this post has been applied for/taken.

Place _____

Date _____

Signature of Candidate _____

Application for the empanelment of Specialist/ Super Specialist
 "On demand professional services for a period of one year"
 at ESIC Medical College & Hospital
 NH-3 NIT Faridabad-121001 (Haryana)

Services for which applying _____

1. Name (In Block letters) : _____
2. Father's/Husband's Name : _____
3. Permanent Address : _____
: _____
4. Correspondence Address : _____
: _____
- E-Mail : _____
5. Telephone/Mobile Number: _____
6. Date of Birth : _____
7. Age as on date of interview: _____ Years _____ Months _____ Days.
8. Educational/Professional Qualification:-

Recent
pass-port size
photo-
graph duly self-
attested

<u>DEGREE/DIPLOMA/P G DEGREE</u>	<u>YEAR OF PASSING</u>	<u>UNIVERSITY</u>	<u>NO. OF ATTEMPTS</u>	<u>REMARKS</u>
MBBS				
PG Diploma ()				
PG Degree ()				
DNB ()				
ANY OTHER				

9. Work Experience

<u>Sr.No</u>	<u>Post Held</u>	<u>Institution</u>	<u>Period (Dates: from-to)</u>	<u>Period in months/year</u>
1				
2				
3				
4				

Contd.....2

10. Registration No. : _____

11. Have you ever been dismissed or punished: _____

Declaration: - I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incomplete/incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/ canceled and in the event of any statement / information found false/ incorrect even after my appointment, my services are liable to be terminated without any notice. I am citizen of India by birth/ domicile.

Date.....

Place.....

Signature of the Candidate.....

Check list of enclosures.

- | | | |
|----|--|--------|
| 1) | Date of Birth Certificate | Yes/No |
| 2) | U.G. & P.G Degree Certificates along with mark sheet & attempt certificate | Yes/No |
| 3) | Experience Certificate, if applicable | Yes/No |
| 4) | MCI Registration Certificate | Yes/No |
| 5) | Offer of Acceptance | Yes/No |