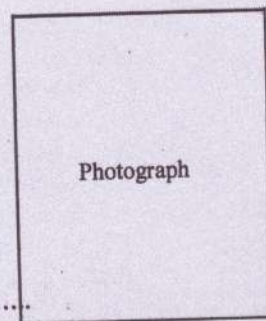


APPLICATION FORM - ESIC HOSPITAL Jajmau, Kanpur



1. Post Applied for :
2. Name in Full (IN BLOCK LETTERS).....
3. Father's /Husband's Name.....
4. Date of Birth (In figures)
(In Words)
5. Age as on the date of interview Years.....Months.....Days.....
6. Religion.....
7. Category: SC/ST/UR/OBC
8. Nationality.....
9. Mailing address (with e-mail address and telephone number)
.....
.....
10. Permanent Address (with e-mail address and telephone number)
.....
.....
11. Sex : Male / Female
12. Whether ESIC/Govt Employee : YES / NO
13. Date of completion of compulsory Rotating Internship
14. Medical Council Register No :.....
15. Name of the Medical Council:.....
16. Details worked as Senior Resident in Central/Govt Hospitals
17. Tentative date of Joining (if selected).....

18. Education Qualification

Sl No	Name of the Exam	University	Percentage of Marks	Year of passing

19. Experience:

Sl No	Name of Hospital	Post Held	Period		
			From	to	Total Period (Years & Months)

20. Presently work in as Designation a).....

b) Name of the Institution.....c) Govt/Private.....

21 NOC certificate from present employer taken/PPO copy available (if applicable)

DECLARATION

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.

Place :

Date :

Signature of the Candidate