



E.S.I.C. MODEL HOSPITAL
(MINISTRY OF LABOUR AND EMPLOYMENT, GOVT. OF INDIA)
कर्मचारी राज्य बीमा निगम आदर्श हस्पताल
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

BHARAT NAGAR, LUDHIANA- 141001, भारत नगर, लुधियाना-141001
(ISO 9001: 2008 QMS CERTIFIED)/आई एस ओ 9001:2015 प्रमाणित
E-mail: ms-ludhiana@esic.nic.in ; Website: <http://www.esichospitals.gov.in>
☎:- 0161-2403393

ESIC
Chinta Se Mukti

(Med. Admin. Br.)

APPLICATION FOR THE POST OF SUPER SPECIALIST (PART TIME) ON CONTRACT BASIS FOR SPECIALITY _____

Paste your recent passport size

01. Name in full (in Block Letters): _____
02. Father's/Husband's Name: _____
03. Date of Birth (In Christian Era: (In figures) _____
(In words _____)
04. Are you a citizen of India by birth and / or domicile: _____
05. Permanent address (In Block letters)

_____ PIN CODE: _____

06. Mailing address (In Block letters)

_____ PIN CODE: _____

Mobile No. - _____ E-mail ID _____

07. Category you belong to:

Code of Category (UR-01, SC-02, OBC-03, ST-4)

08. Educational Qualification:-

Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts.
1	PG Degree			
2	DM/ MCH			

09. Experience/particulars of previous and present employment.

Sr. No.	Name and Full address of the employer	Designation	Period of employment		Total Experience
			From	TO	

09 List of enclosures:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

I hereby declare that the information furnished as above 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 outright cancellation/termination without notice or any compensation in lieu thereof.

Date

Signature of the candidate

Place

Name _____



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ESIC
Chinta Se Mukti

(Med. Admin. Br.)

APPLICATION FOR THE POST OF SPECIALIST (PART TIME/ FULL TIME) ON CONTRACT BASIS FOR SPECIALITY _____

Paste your recent
passport size

01. Name in full (in Block Letters): _____

02. Father's/Husband's Name: _____

03. Date of Birth (In Christian Era: (In figures) _____

(In words _____)

04. Are you a citizen of India by birth and / or domicile: _____

05. Permanent address (In Block letters)

_____ PIN CODE: _____

06. Mailing address (In Block letters)

_____ PIN CODE: _____

Mobile No. - _____ E-mail ID _____

07. Category you belong to

Code of Category (UR-01, SC-02, OBC-03, ST-4)

08. Educational Qualification:-

Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts.
1	MBBS			
2	PG Degree			
3	PG Diploma			

09. Experience/particulars of previous and present employment.

Sr. No.	Name and Full address of the employer	Designation	Period of employment		Total Experience
			From	TO	

10. List of enclosures:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

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Date

Place

Signature of the candidate

Name: _____



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(Med. Admin. Br.)

APPLICATION FOR THE POST OF SENIOR RESIDENT UNDER RESIDENCY SCHEME FOR SPECIALITY_____.

01. Name in full (in Block Letters):_____

02. Father's/Husband's Name: _____

03. Date of Birth (In Christian Era: (In figures)_____

(In words _____)

04. Are you a citizen of India by birth and / or domicile: _____

05. Permanent address (In Block letters)

_____ PIN CODE: _____

06. Mailing address (In Block letters)

_____ PIN CODE: _____

Mobile No. - _____ E-mail ID _____

07. Category you belong to

Code of Category (UR-01, SC-02, OBC-03, ST-4)

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08. Educational Qualification: -

Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts.
1	MBBS (% age all professions)			
2	PG Degree			
3	PG Diploma			

09. Experience / particulars of previous and present employment.

Sr. No.	Name and Full address of the employer	Designation	Period of employment		Total Experience
			From	TO	

10. List of Enclosures:

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

I hereby declare that the information furnished as above 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 outright cancellation/termination without notice or any compensation in lieu thereof.

Date

Place

Signature the candidate

Name_____

Paste your recent
passport size



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ESIC
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(Med. Admin. Br.)

APPLICATION FOR THE POST OF SENIOR RESIDENT ON CONTRACT BASIS FOR 39 DAYS.

SPECIALITY _____.

01. Name in full (in Block Letters): _____

02. Father's/Husband's Name: _____

03. Date of Birth (In Christian Era: (In figures) _____

(In words _____)

04. Are you a citizen of India by birth and / or domicile: _____

05. Permanent address (In Block letters)

_____ PIN CODE: _____

06. Mailing address (In Block letters)

_____ PIN CODE: _____

Mobile No. - _____ E-mail ID _____

07. Category you belong to category code

Code of Category (UR-01, SC-02, OBC-03, ST-4)

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08. Educational Qualification: -

Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts.
1	MBBS (% age all professions)			
2	PG Degree			
3	PG Diploma			

09. Experience / particulars of previous and present employment.

Sr. No.	Name and Full address of the employer	Designation	Period of employment		Total Experience
			From	TO	

10. List of Enclosures:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I hereby declare that the information furnished as above 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 outright cancellation/termination without notice or any compensation in lieu thereof.

Date

Place

Signature the candidate

Name _____

Paste your recent
passport size



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APPLICATION FOR THE POST OF HOMEOPATHY PHYSICIAN ON CONTRACT BASIS FOR ONE YEAR.

01. Name in full (in Block Letters): _____
02. Father's/Husband's Name: _____
03. Date of Birth (In Christian Era: (In figures) _____
(In words _____)
04. Are you a citizen of India by birth and / or domicile: _____
05. Permanent address (In Block letters)

PIN CODE: _____
06. Mailing address (In Block letters)

PIN CODE: _____
Mobile No. - _____ E-mail ID _____

Paste your recent
passport size

07. Category you belong to

Code of Category (UR-01, SC-02, OBC-03, ST-4)

08. Educational Qualification:-

Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts.
1	B.H.M.S			

09. Experience/particulars of previous and present employment.

Sr. No.	Name and Full address of the employer	Designation	Period of employment		Total Experience
			From	To	

10. List of enclosures:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

I hereby declare that the information furnished as above 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 outright cancellation/termination without notice or any compensation in lieu thereof.

Date

Place

Signature of the candidate

Name _____