**Application form for the post of Specialist**
**ESIC Medical College and Hospital**
**NH-3, NIT, Faridabad**

Post for which applying_____

| | | | |
|---|---|---|---|
| | | | Recent pass-port size photo- graph Self attested |

1.   **Name (In Block letters)**   :_____

2.   **Father's/Husband's Name**   :_____ **(Tick Mark)**

3.   **Permanent Address**   :_____

                                  :_____

4.   **Correspondence Address**   :_____

                                  :_____

5.   **E-Mail** :_____ (ONLY Capital Letters)

6.   **Telephone/Mobile Number:**_____

7.   **Date of Birth :**_____

8.   **Age as on date of Walk in interview :**_____Years_____Months_____Days.

9.   **Whether SC/ST/OBC/General/PH/EWS :**_____

10.   **Educational/Professional Qualification:-**

| DEGREE/DIPLOMA/PG DEGREE | YEAR OF PASSING | UNIVERSITY | NO. OF ATTEMPTS | REMARKS |
|---|---|---|---|---|
| MBBS | | | | |
| PG Diploma (          ) | | | | |
| PG Degree (          ) | | | | |
| DNB (          ) | | | | |
| ANY OTHER | | | | |

**11. Work Experience**

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

**12.  Whether worked/working as Senior Resident/Junior Resident   in any**

    **Central/State Government:**                **Yes/No**

    **If yes  : 1 period of SR/JR ship from** _____ **to** _____

           **: 2 Name of organization & Address** _____

**13.  Registration No.    :** _____

**14. 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) | Caste (SC/ST/OBC/EWS) Certificate, if applicable | **Yes/No** |