

APPLICATION FORM FOR ENGAGEMENT OF ADJUNCT / VISITING FACULTY ON 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. Name in full (in block letters) -----
3. Father's / Husband's Name -----
4. (a) Date of Birth (in figures) -----
(in words) -----
- (b) Age as on date of walk in interview -----
5. Nationality -----
6. Mailing address -----
7. (a) Email -----
(b) Mobile No. -----
8. Permanent Address -----

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

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

 (b) If Yes, Percentage of Disability -----

 ii) Whether Ex-Serviceman Yes / No

 iii) Whether ESIC / Govt. Employees Yes / No

11. Community to which applicant belongs

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

12. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

(Attach annexure, if necessary)

Contd. ... 3

13. DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)

(Attach annexure, if necessary).

Contd. ... 4/-

14. DETAILS OF RESEARCH PUBLICATIONS

(Attach annexure, if necessary).

15 Training

Institution	Period	Field of Training

16. 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 _____