

**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)

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

Contd. ...3

13. 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		

Contd. ...4/-

14. 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/-

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_____