

**ANNEXURE-A**

**Application for the Post of Full time/Part time Contractual Specialist/Senior Resident (01 year against GDMO)**

**ESIC Hospital MIA Desula Alwar**

Post for which applying:.....

1. Name (in Block letters)-----

2. Father, s/ Husband, s name:-----

3. Permanent Address :-----  
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4. correspondence Address:-----  
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Email:-----

5. Telephone/mobile no.:-----

6. Date of birth :-----

7. Age as on 31/08/2019:-----Years-----Month-----Days.

8. Whether SC/ST/OBC/General/PH/EWS :-----

9. Educational/Professional Qualification:-

<u>DEGREE/DEPLOMA/PG DEGREE</u>	<u>YEAR OF PASSING</u>	<u>UNIVERSITY</u>	<u>NO. OF ATTEMPTS</u>	<u>REMARKS</u>
MBBS				
PG Diploma ( )				
PG Degree ( )				
DNB ( )				
ANY Others				

10. Work Experince

<u>Sr.No.</u>	<u>Post Held</u>	<u>Institution</u>	<u>Period (Dates:from-to)</u>	<u>Period in months/year</u>

Recent passport  
Size Photo Self  
Attested

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11. Whether worked/working as Senior Resident/Junior Resident in any Central/State Govt. :- Yes/No

If any : 1. Period of SR/JR ship from \_\_\_\_\_ to \_\_\_\_\_

2. Name of organization & Address \_\_\_\_\_

12. Registration No. : \_\_\_\_\_

13. Aadhar 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 knowledge and belief. I am fully aware that in the event of any particular 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 resealed/cancelled and in the event of any statements 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 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/PWD) Certificate if applicable. Yes/No

Undertaking if any:- I hereby undertake that I will submit following document in due course of time.

(Signature of Candidate)

Sl. No.	Post Held	Institution	Period	Period in