

**Annexure-A**

**Application for the post of Senior Resident/Senior Resident against GDMO/Tutors/Junior Resident.**

**ESIC Medical College & Hospital  
NH-3, NIT, Faridabad-121001 (Haryana)**

Post for which applying \_\_\_\_\_

Recent  
pass-port size  
photo- graph Self  
attested

1. Name (In Block letters) : \_\_\_\_\_

2. Father's/Husband's Name : \_\_\_\_\_

3. Permanent Address : \_\_\_\_\_

: \_\_\_\_\_

4. Correspondence Address : \_\_\_\_\_

: \_\_\_\_\_

E-Mail : \_\_\_\_\_

5. Telephone/Mobile Number: \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_

7. Age as on date of Walk in interview : \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days.

8. Whether SC/ST/OBC/General/PH : \_\_\_\_\_

9. Educational/Professional Qualification:-

<u>DEGREE/DIPLOMA/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 OTHER				

**D. Work Experience**

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

**11. 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 \_\_\_\_\_**

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

**13. 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)Certificate, if applicable                                | Yes/No |