

**APPLICATION FOR THE POST OF PART TIME SUPER SPECIALIST  
ON CONTRACT BASIS IN ESIC MEDICAL COLLEGE AND HOSPITAL, K.K. NAGAR.**

**Department :**

1. Name in Full (Block Letters) :
2. Father's/Husband Name :
3. Date of Birth :
4. Age  
(As on date of Interview.....) : ..... Years.....Months
5. Gender (Please make a tick mark) : Male/Female
6. Category (SC/ST/OBC/UR) :
7. Whether PWD : Yes/No (if yes, % of Disability)
8. Interview fee details  
(Except SC/ST/PwD/Women candidates) :
9. Are you a citizen of India by Birth/Domicile:
10. Permanent Address (In Block Letters) :
11. Correspondence Address (In Block Letters) :
12. Telephone/Mobile No :
13. E-mail Address :

Affix here  
Recent  
passport size  
photograph

14. Educational Qualification:

Sl. no	Degree/Diploma/ PG Degree	Year of Passing	College/Institute	University	Remarks, if any

15. Work Experience:-

Sl. no	Name and Full address of Employer	Designation/ Duties of Post	Scale of Pay	Period of Employment	
				From	To

16. Whether the Post Graduate qualification is recognized by MCI : Yes/No

17. MCI Registration No :

18. Have you ever been dismissed or punished :

19. Details of other academic and professional achievements, if any : \_\_\_\_\_

20. NOC from the present employer, if employed in Government institution:

**List of Enclosures** :

**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/incorrect/incomplete or for indulging in some unlawful act, my candidature for the post is liable to be summarily rejected /cancelled and in the event of any statement/information submitted is found to be false/incorrect even after my appointment, my service are liable to be terminated without any notice. I am citizen of India by birth/domicile.

Date:  
Place:

Signature of the Candidate.