## Annexure-A

## Application for the post of Senior Resident/Senior Resident against GDMO. ESIC Medical College & Hospital NH-3, NIT, Faridabad-121001 (Haryana)

| Post for whic             | h applying          |               |                  |                       |                               |
|---------------------------|---------------------|---------------|------------------|-----------------------|-------------------------------|
| 1. Name (In Blo           | ck letters)         |               |                  |                       | Recent<br>pass-port size      |
| 2. Father's/Hus           | band's Name         | :             | (Tic             | <u>ck Mark)</u>       | photo- graph Self<br>attested |
| 3. Permanent A            | ddress              |               |                  |                       |                               |
| 4. Corresponde            | :<br>nce Address    | :             |                  |                       |                               |
| 5. E-Mail :               |                     | (0            | ONLY Capital Let | ters)                 |                               |
| 6. Telephone/Mo           | bile Number:_       |               |                  |                       |                               |
| 7. Date of Birth :        |                     |               |                  |                       |                               |
| 8. Age as on date         | of Walk in inte     | erview :Ye    | arsMonths        | Days.                 |                               |
| 9. Whether SC/ST          | /OBC/Genera         | /PH/EWS :     |                  |                       |                               |
| 10. Educational/P         | rofessional Qu      | alification:- |                  |                       |                               |
| DEGREE/DIPLOMA/<br>Degree | <u>YEAR</u><br>Pass |               | <u>IVERSITY</u>  | <u>NO. OF ATTEMPT</u> | <u>s remarks</u>              |
| MBBS                      |                     |               |                  |                       |                               |
| PG Diploma (              | )                   |               |                  |                       |                               |

PG Degree (

DNB (

ANY OTHER

)

)

## 11. Work Experience

| <u>Sr.No</u> | Post Held                       | Institution                          | <u>Period</u><br>(Dates: from-to) | <u>Period in</u><br>months/year |
|--------------|---------------------------------|--------------------------------------|-----------------------------------|---------------------------------|
| 1            |                                 |                                      |                                   |                                 |
| 2            |                                 |                                      |                                   |                                 |
| 3            |                                 |                                      |                                   |                                 |
| 4            |                                 |                                      |                                   |                                 |
|              | worked/working as Senior Re     | sident/Junior Resident in any        |                                   |                                 |
| Centra       | I/State Government:             | Yes/No                               |                                   |                                 |
| If yes       | : 1 period of SR/JR ship from _ | to                                   |                                   |                                 |
|              |                                 |                                      |                                   |                                 |
|              | : 2 Name of organization & Ad   | dress                                |                                   |                                 |
|              |                                 |                                      |                                   |                                 |
| Dogistra     | tion No                         |                                      |                                   |                                 |
| . Registra   |                                 |                                      |                                   |                                 |
|              |                                 |                                      |                                   |                                 |
| Have yo      | u ever been dismissed or pun    |                                      | Declaration:- I do                |                                 |
| hereby       | declare that all the statements | made in this application are true    | e, complete and correct to        | the best of my knowledge        |
| belief. I    | am fully aware that in the eve  | nt of any particulars or information | on furnished by me is foun        | d to be                         |
| false/in     | complete/incorrect or ineligibl | e or for indulging in some unlawf    | ul act, my candidature for        | the post is liable to be        |
| rejected     | d/ canceled and in the event of | any statement / information fou      | nd false/ incorrect even af       | ter my appointment, my          |
| services     | are liable to be terminated wi  | ithout any notice. I am citizen of I | ndia by birth/ domicile.          |                                 |
|              |                                 |                                      |                                   |                                 |
| Date         |                                 |                                      |                                   |                                 |
| Place        |                                 |                                      |                                   |                                 |
| Check li     | st of enclosures.`              |                                      |                                   |                                 |
| 1)           |                                 |                                      |                                   |                                 |
| -            | Date of Birth Certificat        | е                                    |                                   | Yes/No                          |
| 2)           |                                 | e<br>icates along with mark sheet    | t & attempt certificat            | •                               |
| 2)<br>3)     |                                 | icates along with mark sheet         | t & attempt certificate           | •                               |

Yes/No

MCI Registration Certificate
Caste (SC/ST/OBC/EWS) Certificate, if applicable