ಕಾರ್ಮಿಕರ ರಾಜ್ಯ ವಿಮಾ ನಿಗಮ
ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ ಸಚಿವಾಲಯ, ಭಾರತ ಸರ್ಕಾರ
कर्मचारी राज्य बीमा निगम
श्रम एवं रोजगार मंत्रालय, भारत सरकार
EMPLOYEES' STATE INSURANCE CORPORATION
Ministry of Labour & Employment, Govt. of India
website: www.esic.gov.in

ವೈದ್ಯಕೀಯ ಕಾಲೇಜು, ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್.ಆರ್ ಮತ್ತು ಆಸ್ಪತ್ರೆ
ಸೇಡಂ ರಸ್ತೆ, ಕಲಬುರಗಿ, ಕರ್ನಾಟಕ- 585106
चिकित्सा महाविद्यालय, पीजीआईएमएसआर और अस्पताल
सेडम रोड, कलबुर्गी, कर्नाटक – 585106
MEDICAL COLLEGE, PGIMSR & HOSPITAL
SEDAM ROAD, KALABURAGI, KARNATAKA-585106
Phone No: 08472-265546/47/48
email: deanmc-gb.kar@esic.nic.in

APPLICATION FORM FOR ENGAGEMENT OF SENIOR RESIDENT ON CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE & HOSPITAL, KALABURAGI

Department: _____

Paste Recent Passport Size Photo

1. Name in full (**in block letters**): …….

2. Father's/ Husband's Name : ……..……

3. Date of Birth (**in figures**) : ……

(**in words**) : ……

4. Mailing Address : ……

……..

5. (a) E-Mail : ……

(b) Mobile No. :……

6. Permanent Address :……..…

……..…..

……..…..

7. Sex (write 1 for Male, 2 for Female, 3 for Transgender) : [ ]

8. a. If Physically Handicapped : Yes / No
(Orthopedically Handicapped)

b. Percentage of disability : ……..

9. (i)Whether Ex-Serviceman : Yes / No
(ii)Whether ESIC/ Govt. Employee : Yes / No

10. Community to which applicant belongs : [ ]
Write 1 for SC, 2 for ST, 3 for OBC, 4 for General, 5 for EWS

11. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (Graduate level onwards)

(Attach annexure, if necessary)

Name & Address of College	University	Duration		Degree/Examination Pass	Subject	Percentage of marks obtained
		From	To			

12. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER):

Teaching experience certificate to be furnished. (Add extra rows if necessary)

Name of the Institute	Position (s) held	Period of service		Institution Type (Govt. / Pvt.)	Whether Experience recognized by MCI
		From	To		

13. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents)

1. 2.

3. 4.

5. 6.

7. 8.

9. 10.

11. 12.

13. 14.

15. 16.

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 confirm that No Objection from the Present Employer for applying this post has been applied for / taken.

Place:

Signature of the Candidate

Date: