

**FORM TO BE FILLED BY THE CANDIDATES FOR THE POST OF SUPER SPECIALIST (SENIOR LEVEL)/ SR CONSULTANT, SUPER SPECIALIST (ENTRY LEVEL)/ JR CONSULTANT SPECIALIST & SENIOR RESIDENT (ON CONTRACT BASIS) AT ESIC SUPER SPECIALITY HOSPITAL, SANATHNAGAR, HYDERAABD**

| S.No. | Particulars   | Details (to be filled in BLOCK LETTERS only)   |   |
|-------|---|--|---|
| 1     | Advertisement No.   | 01/2022 dated  | Affix self-attested recent passport size photograph here (photograph should be firmly pasted on this space and not stapled) |
| 2     | Post applied for  |  |   |
| 3     | Name  |  |   |
| 4     | Father's/Husband's Name                                   |  |   |
| 5     | Date of Birth   |  |   |
| 6     | Age as on the date of interview                           |  |   |
| 7     | Citizenship   |  |   |
| 8     | Permanent Address   |  |   |
| 9     | Present Address   |  |   |
| 10    | Mobile No.  |  |   |
| 11    | E-Mail ID   |  |   |
| 12    | Gender  |  |   |
| 13    | Community (SC/ST/OBC/EWS)                                 |  |   |
| 14    | Whether ESIC/Govt. employee (Yes/No) and details thereof. |  |   |
| 15    | Aadhar No.  |  |   |
| 16    | Marital Status  |  |   |
| 17    | Registration No. & details thereof                        | (a) MBBS or equivalent Qualification<br>Registration No.<br>Date of Registration<br>Name of the Medical Council (MCI/State)<br><br>(b) Post Graduate Qualification (MS/MS/DNB/Diploma/DM/Mch)<br>Registration No.<br>Date of Registration<br>Name of the Medical Council (MCI/State) |   |

### 18. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

| Name of the examination | University/Institute | Duration |    | Month & Year of Passing final examination | Subjects/discipline/ speciality | Percentage of marks obtained |
|-------------------------|----------------------|----------|----|---|---------------------------------|------------------------------|
|                         |                      | From     | To |   |                                 |                              |
|                         |                      |          |    |   |                                 |                              |
|                         |                      |          |    |   |                                 |                              |
|                         |                      |          |    |   |                                 |                              |
|                         |                      |          |    |   |                                 |                              |
|                         |                      |          |    |   |                                 |                              |
|                         |                      |          |    |   |                                 |                              |

### 19. DETAILS OF EXPERIENCE (IN CHRONOLOGICAL ORDER)

| Name of the Organization (please specify whether Central Govt./ State Govt./ Public Sector /Autonomous Body/ Private Sector) | Position(s) held | Period of service |    | Total period (Years & Months) |
|--|------------------|-------------------|----|-------------------------------|
|  |                  | From              | To |                               |
|  |                  |                   |    |                               |
|  |                  |                   |    |                               |
|  |                  |                   |    |                               |
|  |                  |                   |    |                               |
|  |                  |                   |    |                               |

**Total Experience:** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

#### Declaration:-

I undertake that all the information given by me are correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong at any stage, my candidature for the post will automatically stand cancelled.

Place:

Date:

(Signature of the Candidate)

**Check List of the Documents to be attached by Candidate with Annexure — I**

| Sr. No | Documents  | Comments<br>Yes / No / | Remarks for Office Use |
|--------|--|------------------------|------------------------|
| 1      | Duly filled Forms in Annexure A with all Details and |                        |                        |
| 2      | 2 Additional Photographs                             |                        |                        |
| 3      | Aadhar Card Copy                                     |                        |                        |
| 4      | Birth Certificate for Age                            |                        |                        |
| 5      | Caste Certificate for Category (if applicable)       |                        |                        |
| 6      | MBBS Mark sheets                                     |                        |                        |
| 7      | MBBS Degree Certificate                              |                        |                        |
| 8      | PG Degree / Diploma Mark sheets                      |                        |                        |
| 9      | PG Degree / Diploma Certificate                      |                        |                        |
| 10     | Experience Certificate                               |                        |                        |
| 11     | MCI Registration Copy                                |                        |                        |
| 12     | NOC from Present                                     |                        |                        |

(Application without the relevant Documents may lead to rejection of Candidature in Walk in Interview)

Signature of Candidate: \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_

**(For Office Use)**

Remarks and Recommendations for Appearing in Interview for the Candidates:

Signature of Verifying Officer: \_\_\_\_\_

Name of the Verifying Officer: \_\_\_\_\_