

**ESIC MEDICAL COLLEGE ; SANATHNAGR**  
**APPLICATION FORM**

**Post applied for:**

**Specialty/Department Applied for:**

**Post Reserved Category:**

**Personal Details**

PHOTOGRAPH  
of Applicant

S.No	Applicant Details					Verification Remarks For Office Use)
1	Name (in Capital letters)					
2	Father's/Husband's Name					
3	Gender					
4	Email ID					
5	Phone/Mobile No(s)					
6	Date of Birth					
7	Proof of Age (SSC/10 <sup>th</sup> Class/Birth Certificate)					
8	Age (as on the date of walk- in-interview)					
9	Permanent/Correspondence Address					
10	Date of issue of Certificate					
11	Category	SC	ST	OBC	EWS	UR
12	PWD (If Yes, percentage of disability)					
13	Ex-Servicemen(If Yes, Discharge book)					
14	Aadhaar/PAN No.					
15	NOC from present employer					
16	Whether Fee Payment done:	(Yes/No)				
	If Yes, Transaction No. with date					

**Details of Education Qualification/Experience**

**A. Education Qualification**

<b>Degree</b>	<b>Year of Passing</b>	<b>Council Registration No. State MC/NMC(if any)</b>	<b>Remarks (For Office Use)</b>
MBBS/BDS/M.Sc			
Diploma			
DNB			
MD/MS			
DM/M Ch			
Others			

**B. Teaching Experience/Work Experience (For Specialists)**

<b>Designation</b>	<b>Duration</b>	<b>Remarks (For Office Use)</b>
Senior Resident		
Assistant Professor		
Associate Professor		
Professor		
Super Specialist		

**C. Publications\* (In Indexed Journal)**

	<b>Number</b>	<b>Remarks (For Office Use)</b>
Number of Publications as <b>First Author</b>		
Number of Publications as <b>Corresponding Author / Second Author*</b>		
Publications during Tenure of Associate Professor		
Publications during Tenure of Assistant Professor		

\* For Publications before 8<sup>th</sup> June 2017 as First / Second author. After 8<sup>th</sup> June 2017 as First / Corresponding Author.

**D. For Professor & Associate Professor.**

i) Whether completed the basic course in Medical Education Technology from - Yes/No  
Institutions designated by NMC?

ii) Whether completed the basic course in Biomedical Research from Institutions - Yes/No  
designated by NMC

**Documents Enclosed**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**“I hereby declare that the information given by me is true and correct to the best of my knowledge and belief. In case of any information found to be false/incorrect at later stage of the recruitment/appointment, I shall be bound by the decision of competent authority of ESIC Medical College, Sanathnagar without prejudice for further action as per law”.**

**Signature of the Candidate**

**Date:**

<p><b>For Office use only</b></p>          <p><b>Remarks :</b></p>	<p><b>Signature of verifying Officer</b></p>
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