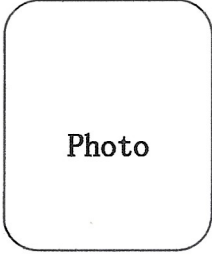




कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
चिकित्सा महाविद्यालय, पी.जी.आई.एम.एस.आर एवं आदर्श अस्पताल
Medical College, PGIMSR & MODEL HOSPITAL
राजाजीनगर, बेंगलूरु - 560 010
Rajajinagar, Bangalore - 560 010
भारत सरकार का श्रम एवं रियमार् मंत्रालय
(Ministry of Labour & Employment, Govt. of India)
Phone 080-23325130/23320271फ्याक्स/Fax : 080-23325130, Email ID: esicmh@gmail.com

APPLICATION FOR THE POST OF SENIOR RESIDENT

- 1 Name of the Candidate : _____
2 Father's/Husband's Name : _____
3 Mother's Name : _____
4 Date of Birth as per SSLC Certificate : _____



Age

Years	Month	Days

- 5 Religion : _____
6 Nationality : _____
7 Category (SC/ST/OBC/UR) : _____
8 Whether PH : YES/NO
9 Mobile Number : _____
10 E-mail ID : _____
11 Address (Permanent) : _____

- 12 Address for correspondence : _____

13 Educational Qualification:

Sl. No.	Name of the Exam	University	Percentage of Marks	Year of Passing

14 Experience in chronological order:

4L

Sl. No.	Name of the institution & Designation	From	To	Period

15 Presently working as Designation a) _____

b) Name of the Institution _____

c) Govt./ Private _____

16 NOC certificate from present employer taken/ PPO copy available (If applicable)

17 If retired, Date of retirement (Please enclose the copy of PPO)

18 Tentative date of joining (If selected) _____ :

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case any information found to be false/ incorrect at a later date of the recruitment/ appointment, I shall be bound by the decision of the Medical Superintendent, ESIC, PGIMSR & Model Hospital, Rajajinagar, Bangalore - 10/ESI Corporation without prejudice for further action as per law.

Encl: Pertaining to Sl. No.13 to 17.

Date & Place : _____/ _____

(Signature of Candidate)