



ಕ.ರಾ.ಬಿ.ನಿ.
ESIC

ಕಾರ್ಮಿಕರ ರಾಜ್ಯ ವಿಮಾ ನಿಗಮ
ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ
ಸಚಿವಾಲಯ, ಭಾರತ ಸರ್ಕಾರ
ಕರ್ಮಚಾರಿ ರಾಜ್ಯ ಬಿಮಾ ನಿಗಮ
ಶ್ರಮ एवं रोजगार मंत्रालय, भारत सरकार
EMPLOYEES' STATE INSURANCE
CORPORATION
Ministry of Labour & Employment,
Govt. of India



सत्यमेव जयते

ವೈದ್ಯಕೀಯ ಕಾಲೇಜು, ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್.ಆರ್ ಮತ್ತು ಆಸ್ಪತ್ರೆ
ಸೇಡಂ ರಸ್ತೆ ಕಲಬುರಗಿ, ಕರ್ನಾಟಕ- 585106
ವಿ. 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
Website: www.esic.gov.in

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

Department: _____

1. Name in full (in block letters):

2. Father's/ Husband's Name :

3. Date of Birth (in figures) :

(in words) :

4. Mailing Address :

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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)

Paste Recent
Passport Size
Photo

(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: