ESIC HOSPITAL, ANKLESHWAR, GUJARAT

APPLICATION FORM FOR THE POST OF _ (ADVERTISEMENT NO. 02/2025)

		(Please fill in capital letters only)				
	 Name in Full (IN BLOCK L.) Father's /Husband's Name Date of Birth: 	ETTERS)(DD/MM/YYYY) rview: YearsMonths		Affix recent passport size photo duly self- attested		
	7. Nationality:					
	8. Email ID:					
	9. Contact No:					
	10. Permanent Address:					
	1. Present Address:					
		oyee: YES / NO pulsory Rotating Internship:				
	14. Medical Council Register No:					
	15. Name of the Medical Counc	cil:				
	16. Tentative date of Joining (i17. Education Qualification:	f selected):				
S. No	Name of the Exam	University	Percentage of Marks	Year of passing		

18. Experience

C		Post Held	Period		
S. No	Name of Hospital		From	to	Total Period (Years & Months)

19.	Presently working:
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20. NOC certificate from present employer taken/PPO copy available (if applicable)

1. List of enclosures:

Sl. No.	Particulars	Enclosed (Yes/No)
1.	Matriculation certification as proof of date of birth	
2.	Educational qualifications PG Degree/ Diploma/BHMS Degree	
3.	Application Fees of (if applicable)	
4.	Experience certificates	
5.	MCI registration	
6.	Caste Certificates (SC/ST/OBC & non-creamy layer cert/EWS)	
	UID (Aadhar no.)	
	Cancelled Cheque	

DECLARATION

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. If selected, I am willing to serve anywhere in India.

Place:	
Date:	

Signature of the Candidate

b) Designation: