

कामगार राज्य विमा महामंडळ श्रम आणि रोजगार मंत्रालय, भारत सरकार कर्मचारी राज्य बीमा निगम श्रम एवं रोजगार मंत्रालय, भारत सरकार) EMPLOYEES' STATE INSURANCE CORPORATION (Ministry of Labour & Employment, Govt. of India)



का.रा.वि.म. वैद्यकीय महाविद्यालय आणि रुग्णालय, अँधेरी सेंट्रल रोड,एम.आय.डी.सी., अँधेरी (पूर्व), मुंबई -400093 क.रा.बी.लि. आयुर्विज्ञान महाविद्यालय और अस्पताल अँधेरी सेंट्रल रोड,एम.आई.डी.सी., अधेरी(पूर्व), मुंबई-400093 ESIC MEDICAL COLLEGE AND HOSPITAL ANDHERI Central road, MIDC, Andheri East, Mumbai-400093

Phone: 022-2220889641 Email: deanpgi-ane.mah@esic.nic.in

Website: www.esic.nic.in / www.esic.in

Format of Application

Candidates are advised to read the details advertisement carefully prior to filling the application form. The candidates must ensure that he/she has an active e-mail ID and Mobile number. The e-mail ID and the Mobile number are required to be preserved till publication of final result.

		ement lied fo	: No. 03 or:	of 20	025												Affix I Size p Sig		8	
Dep	artm	ent in	which	applie	ed:															
Nan	ne in	CAPI	TAL le	tters:																
Gen	der:	Male/	Female	Other	r		=													
Fath	er's/	Husba	and Nar	ne:		ı			1											
Mot	her's	Nam	e:	1		ı				- 1	- 1				1		1		1	
Date	e of I	Birth:		ı	<u> </u>	ı			1											
		<i>(</i> 7.75	(2000)	25.00	2 2 2 2															
Cate	egory	: (UR	EWS/0)BC/:	SC/S'	[')														
	1: 0:		MDDG	<u> </u>		. I I D	/D.C. I	~· 1			• . •	a		,						
			MBBS/					Diplo						es)	TD . 1) / 1		A	
SI	Qualification		Coll	lege		Board/ University			ar of		Ma		4	Total		Mark	S	Atten	ıpt	
1	-					UI	nvers	sity	Pas	ssing		Ub	taine	a	Mark	.S	in %	+		
1																		_		
2				1														+		
')	1			1		1														
3																				
3 4 5																				

SI	Positi	on held	1		Instit	utio	n	Fron	n	То			Tota	al		achir on Te		(Nature Regul Contra	lar
1																				
2																				
3																				
4																				
5																				
6																				
7																				
	of Pub					C ap				ation										
SI	Title (Vanco	uver S	tyle)			Auth	or Po	sition		Naı	me o	f Jou	rnal	N	ame	of Inc	lexi	ng Bo	dy
1																				
2																				
3																				
4																				
5						+														
	C/State	Mod	icol C	Ollne	;1 (T	iolz)														
					л (т	ick)														
(i)	Keş	gistrati	.011 110	ر. ⊤																Τ
(;;)	Nor	ne of	tha Ct	oto (if mad	iata	mod v	ın dən	Ctata	Ma	diaal	Day	ri atma	tion	Corre	n ail)				L
(ii)	INai	ne or	ne st	aie (II reg	giste	rea (unaer	State	vie	aicai	Reg	gistra	uon	Cou					Т
(:::)	D-4	f D		4:																<u>L</u>
(iii)	Dai	e of R	egisir	auor	1:															
C =4	4 NT-	(N.I	1- :1 - \																	
Cont	act No). (IVIO	bile)							I										
	11 (
E-ma	il (in (∪API I	ALI	etters	S):	1						l	1			1				Т
D4 -	1 4 11																			L
Posta	ıl Add	ress:										I				1				Т
			_	-																┡
			_	-																-
			4	 																L
Post	Office	:				1	1		1					ı		1	1			_
Distr	ict:					1	1		1					ı		1	1			_
State	:	-				1	-						1	1					1	
Pin:									_											
									_											
Prese	ent wo																			
(i)	Naı	ne of	the Er	nplo	yer															
(ii)	Des	ignati	on:																	
(iii)	Dat	e of Jo	oining	;:																
						T														
								<u>L</u>					J							
	tal Sta	tus (S	ingle/	Marı	ried):			1	l .				l							

). <u>Mot</u> l	her T	Congu	ıe:					•													_
. Deta						te (0	2 ou	t of ()3 ar	e rec	uire	d):									
<u>(i)</u>	Α	adha	ır Car	d No).																
(ii)	V	oter	Id:																		
(iii)	P	AN:																			
		•				•							•		•		•				
. Iden	tifica	ation	Mark	ζ:																	
Inter	viev	v Fee	: (Ap	plica	ble:	Yes	No)	•						•							
If Ye	es, D	ema	nd Dr	aft N	lo.																
Issui	Issuing Date:																				
														1							
Nam	ne of	the I	ssuin	g Ba	nk		1	I		<u> </u>				1							
Nam	e of	Bran	ich of	f Bar	ık:			l	1	1	1	1	1	1	1	1	1	ı	ı	1	<u> </u>
<u> </u>	L	1		l				l	1	1	1	l	1	1	1	1	1	l	l	l	

DECLARATION:

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

Date: (Signature of Candidate)

Important

(Read before filling forms)

- Incomplete application is liable to be rejected.
- Form should be filled by candidate in person with clear and CAPITAL letters.
- Photograph should be with clearly visible face, both ears & signed across.

Checklist

List of documents which are to be submitted with Application Form:

	of documents which are to be submitted with Applie	
SI	Name of Documents	Submitted: Yes/No, if No, Reason
1	Demand Draft as Interview Fee, if applicable	
2	Certificate of Class 10 th for Date of Birth	
3	All Marks sheets of MBBS	
4	Attempt Certificate of MBBS	
5	Degree Certificate of MBBS	
6	All Marks sheet of MD/MS/DNB	
7	Attempt Certificate of MD/MS/DNB	
8	Degree Certificate of MD/MS/DNB examination	
9	EWS/OBC/SC/ST Certificate, when applicable	
10	NMC/State Medical Council Registration	
	Certificate	
11	Aadhar Card	
12	Proof of Publication, Certificate of Training, At-	
	tendance in the Conference/workshop/Seminar, if any	
13	NOC from current Employer, if applicable	
4.4		
14	Relieving Certificate from previous Employer, if applicable	
1.5		
15	Experience Certificate, if applicable	
1.5		
16	Any other	

Date: Signature of Applicant Name of Applicant: