

**APPLICATION FORM FOR RECRUITMENT OF DEAN FOR ESIC MEDICAL EDUCATION
INSTITUTIONS - 2021**

APPLICATON FOR (WRITE 1 FOR 'ESIC PGIMSR/MEDICAL COLLEGE', 2 FOR 'DENTAL COLLEGE')

1. Name in full (in block letters) _____
2. Father's / Husband's Name _____
3. Mother's Name _____
4. (a) Date of Birth (in figures) _____
- (in words) _____
- (b) Age as on closing date (i.e. 31.01.2022) _____

Affix self-attested recent passport size photograph here (photograph should be firmly pasted on this space and not stapled)

5. (a) Religion _____
- (b) Nationality _____
6. Particulars of the draft:
- (a) Amount Rs. _____
- (b) Name of issuing bank branch _____
- (c) D.D. No. _____ dated _____

7. Correspondence address _____
- _____
- _____

E-mail ID _____

Mobile No. _____

8. Permanent Address _____
- (with telephone number) _____
- _____

9. Gender (write 1 for Male, 2 for Female & 3 for Transgender)

10. (i) (a) If Person With Disability (PWD) Yes / No
- (b) Percentage of Disability _____
- (ii) Whether Ex-Serviceman Yes / No
- (iii) Whether ESIC / Govt. Employees Yes/ No If Yes, please mention _____

11. Community to which applicant belongs (Write 1 for SC 2 for ST and 3 for OBC 4 for EWS 5 for General)

12. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

(Attach annexure, if necessary).

Degree/ Examination Passed	Subjects	Name & Address of College/Institution	University	Year of Passing	Percentage of marks obtained

Contd....3/

13. DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)
(Attach annexure, if necessary).

Name of the Organization (please specify whether Central Govt./State Govt./Public Sector /Autonomous Body/Private Sector	Position(s) held	Period of service		Teaching Experience			Whether the Experience is recognized by MCI/DCI or Statutory Body concerned, as Teaching Experience	Whether working on Regular Basis/ Contractual Basis/ Adhoc Basis/ Residency Scheme etc.
		From	To	Years	Month	Days		

Contd...4/

14. Registration No. and Date of Registration of MBBS/BDS or equivalent qualification and Post Graduate Qualification (MS/MS/MDS/DNB/Diploma etc.) with the Medical Council of India/State Medical Council/Dental Council:

(a) MBBS/BDS or equivalent Qualification Registration No. _____

Date of Registration _____

Name of the Medical Council/State Medical Council/
/ Dental Council (MCI/SMC/DCI) _____

(b) Post Graduate Qualification (MS/MS/DNB/Diploma/MDS etc.) Registration No. _____

Date of Registration _____

Name of the Medical Council/ State Medical Council/Dental Council
(MCI/SMC/DCI) _____

15. Publication Details: (Attach Separate Annexure)

16. List of enclosures:

- | | |
|--------|--------|
| (i) | (ii) |
| (iii) | (iv) |
| (v) | (vi) |
| (vii) | (viii) |
| (ix) | (x) |
| (xi) | (xii) |
| (xiii) | (xiv) |
| (xv) | (xvi) |

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 affirm that No Objection Certificate from the present employer for applying this post has been applied for/taken.

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

Place _____

Date _____

Signature