

13. **ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

(Attach annexure, if necessary)

Name & Address of College	University	Duration		Degree / Examination Passed	Subjects	Percentage of marks obtained
		From	To			

Contd. ...3

14. **DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)**

(Attach annexure, if necessary).

Name of the Institution	Position(s) held	Period of service		Institution Type	Whether Experience is recognized by MCI
		From	to		

Contd. ...4/-

16 Training

Institution	Period	Field of Training

17. Academic attainments and activities _____

(Attach Annexure, If necessary)

- (i) (v)
- (ii) (vi)
- (iii) (vii)
- (iv) (viii)

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.

Place _____

Date _____

Signature of Candidate _____

ACCEPTANCE OF OFFER FOR EMPANELMENT

I, Dr. S/D/W of ShriConsultant
of..... agree to work as Empanelled Specialist/ Super Specialist
(on case to case basis) in ESIC Medical College & Hospital, NH-3, N.I.T,
Faridabad and offer%(percentage) of CGHS package/procedural
rate as my professional fees. I shall abide all the terms & conditions of the
ESIC and deliver best of the service in the interest of ESIC beneficiaries.

Date:

Signature

Name of Doctor:

Address:

Contact No.