APPLICATION FORM FOR ENGAGEMENT OF SUPER SPECIALISTS/ SPECIALIST (FULL TIME / PART TIME / EMPANELMENT) ON CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE, FARIDABAD

1.	(a) Name of ESIC Medical Education Institution applied for :			
	(b) Post applied for			
	(c) Specialty applied for			
2.	Particulars of the draft			Affix self-attested recent passport size photograph
	Amount (₹)			here (photograph should be firmly pasted on this
	Name of issuing bank branch			space and not stapled)
	D.D. No. Da	ated		
3.	Name in full (in block letters)			
4.	Father's / Husband's Name			
5.	(a) Date of Birth (in figures)			
	(in words)			
	(b) Age as on date of walk in interview	′		
6.	Nationality			
7.	Mailing address			
8.	(a) Email			
	(b) Mobile No.			
9.	Permanent Address			
	_ / / / _ /			
10.	Sex (write 1 for Male, 2 for Female,3 f	or Transgender)		
11.	i) (a) If Person With Disability (PWD)		Yes / No	
	(b) If Yes, Percentage of Disability			
	ii) Whether Ex-Serviceman		Yes / No	
	lii) Whether ESIC / Govt. Employees		Yes / No	
12.	Community to which applicant belong	S	[]	
	(Write 1 for SC, 2 for ST, 3 for OBC an	d 4 for General)		

13. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

(Attach annexure, if necessary)

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

Contd. ...3

(Attach annexure, if necessary).

Name of the Institution	Position(s) held	Period of service		Institution Type	e Whether Experience is recognized by MCI	
	-	From	to	-		
					Control 1/	

Contd. ...4/-

15. DETAILS OF RESEARCH PUBLICATIONS

(Attach annexure, if necessary).

Name of Journals/Research Papers (Indexed in Pub. MED)	Year of Publication	Title of Research Papers

Contd... 5/-

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.Consultant 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.