APPLICATION FORM FOR ENGAGEMENT OF TEACHING FACULTY ON CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE & PGIMSR, K.K. NAGAR, CHENNAI

| (b) S | Post applied for Specialty applied | Affix self-attested recent passport size photograph here (photograph should be firmly pasted on | | | | | |
|---------------------------------------|------------------------------------|---|---|--------|----------------------------|--|--|
| 2. Par | ticulars of the D | emand Draft: | | | this page and not stapled. | | |
| Aı | mount Rs: | D.D. No | | _Dated | | | |
| N | Tame of issuing b | oank & branch: | | | | | |
| 3. | 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 I | Date of interview | : | | | | |
| 6. | (a) Religion | | : | | | | |
| | (b) Nationality | | : | | | | |
| 7. | Mailing addre | SS | : | | | | |
| 8. | (a) e.mail [To l | be mandatory] | : | | | | |
| | (b) Contact Nu | mber | | Phone: | Mobile: | | |
| | (c)Aadhar No. | | | | | | |
| 9. | Permanent Ado | dress | : | | | | |
| 10. | Gender (write Female,3 for T | 1 for Male, 2 for ransgender) | : | | | | |
| 11.(i) | (a) If Person W | <u> </u> | : | Yes/No | | | |
| | (b) Percentag | (PWD) e of Disability | : | | | | |
| (ii) | Whether Ex-Serviceman/Retired | | : | Yes/No | | | |
| (iii) | Govt. employe Whether ESIC | es / Govt. Employees | : | Yes/No | | | |
| 12. | Community / C | Category | : | | | | |

13. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (Attach annexure, if necessary).

| Name & Address of College | University | Duration From to | | Degree/ Examination | | Percentage of marks |
|------------------------------|------------|---------------------|--|------------------------|----------|---------------------|
| | | | | Passed | Subjects | obtained |
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14. DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)

(If necessary, attach annexure)

| Sl. no. | Name & Address of the Institution | Designation | From | То | Total Period | Whether experience recognized from MCI/DCI (write 'Yes' or 'No') |
|---------|--------------------------------------|-------------|------|----|--------------|--|
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Signature of the Candidate

15.

DETAILS OF RESEARCH PUBLICATIONS

(PLEASE DO NOT INCLUDE CASE REPORTS & REVIEW ARTICLES)

| Sl. | | Year of | Status of | Journal | | | Remarks | | |
|-----|---------------------------|---------|------------|------------------------|------------|----------------------|---------------------|---------------------------|-----------------------|
| no. | Title of Original Article | | Authorship | Name of the Journal | Indexed in | National Yes / No | Society Yes / No | International Yes / No | Eligible/Not Eligible |
| | | | | Journal | 111 | 1037110 | 1037110 | 1037110 | |
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Signature of the Candidate

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Period

16. Training.

Institution

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| 17. Aca | demic achievements and activities | S | | |
| | (Attach annexure, if necessary). | | | |
| 10.11 | | | | |
| | of enclosures: (i) | (ii) | | |
| | (:::) | (iv) | | |
| | (iii) | (iv) | | |
| | (v) | (vi) | | |
| | (vii) | (viii |) | |
| | (ix) | (x) | , | |
| | | | | |

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 for this post has been obtained.

| Place | |
|-------|--|
| Date | |

Signature of the Candidate

Field of Training