

**APPLICATION FORM FOR ENGAGEMENT OF TEACHING FACULTY
ON CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE, JOKA**

Attach Recent Passport
Size Photograph – self
attested across the
lower part of the
photograph
(4 cm x 3 cm)

1. **(a)** Post applied for :
- (b)** Specialty applied for :
2. Particulars of the draft :
- Amount Rs. :
- Name of issuing bank branch:
- D.D. No. : Dated:
3. Name in full (**in block letter**):
4. **Father"s/ Husband"s** Name:
5. **(a)** Date of Birth (**in figures**):
- (In words)** :
6. **(a)** Religion :
- (b)** Nationality :
7. **Mailing Address:**
-
-
8. **(a) E-Mail (in block letter) :**
- (b) Mobile No.:**

1. **Permanent Address :**
-
-

10. Sex (write **1** for Male, **2** for Female, **3** for Transgender) :
11. **(i)** Whether Ex-Serviceman : Yes / No
- (ii)** Whether ESIC/ Govt. Employee : Yes / No
12. Community to which applicant belongs :
- (Write **1** for SC
- 2** for ST
- 3** for OBC
- 4** for General
- 5** for EWS

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

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

14. DETAILS OF EMPLOYMENT IN (CHRONOLOGICAL ORDER): Teaching experience certificate to be furnished.
(Add extra rows if necessary).

Name of the Institute	Position (s) held	Period of service		Institution Type (Govt. / Pvt.)	Whether Experience recognized by MCI
		From	To		

15. DETAILS OF RESEARCH PUBLICATIONS:

Serial No	Name of the Journal With volume and number	Year of Publication	Title of the Research Paper	First / Second / Other Author

16. TRAINING IN M.C.I. RECOGNIZED TEACHERS' TRAINING PROGRAM: (attach supporting documents).

Institution	Period	Name of the Training Program

17. ACADEMIC ATTAINMENTS & ACTIVITIES: (attach supporting documents).

18. **List of Enclosures:**

- | | |
|------------|------------|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |
| 13. | 14. |
| 15. | 16. |

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 confirm that No Objection from the Present Employer for applying this post has been applied for / taken.

Place:

(Signature of the Candidate)

Date: