

APPLICATION FORM FOR THE POST OF SPECIALIST GR. II
(JR./SR. SCALE) IN ESI CORPORATION-2025

1. (a) State Applied For _____
(b) Post applied for _____
(c) Specialty applied for _____
2. Particulars of the Demand Draft/Banker's Cheque:
(a) Amount Rs. _____
(b) Name & Branch of issuing bank _____
(c) D.D. No. _____ dated _____
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 closing date (i.e. **26.05.2025**) Year _____, Months _____, Days _____.
6. Nationality _____
7. Mailing address _____

- E-mail ID :- _____
- Mobile No:- _____
8. Aadhaar No:- _____
9. Permanent Address _____
(with telephone number) _____

10. Sex (write 1 for Male, 2 for Female & 3 for Transgender) _____
11. (i) (a) Whether Person With Disability (PWD)(Yes /NO) _____
(b) If yes, percentage of Disability _____
(c) Nature of disability:- _____
(ii) (a) Whether Ex-Serviceman (Yes /No):- _____
(b) If yes, Date of discharge from Armed Forces:- _____

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

(iii) (a) Whether ESIC / Central Govt. Employee (Yes/No):- _____

(b) If Yes, please mention whether ESIC or Central Govt. Employee :- _____

(c) Nature of employment (i.e Regular/Temporary/Adhoc/ Contractual/ Tenure Post) _____

(d) If in regular/permanent employment, whether applied for or obtained NOC from the present employer:- _____

12. Community to which applicant belongs :- _____

(Write 1 for SC, 2 for ST , 3 for OBC, 4 for EWS and 5 for General)

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

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

(b) Whether passed middle level examination in official language of the state concerned (Yes/No):- _____

If yes, please mention the language passed _____

14. 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		Nature of Work /Specialty	Scale of Pay	Whether working on Regular Basis/ Contractual Basis/ Adhoc Basis/ Residency Scheme etc.
		From	To			

15. Registration No. and Date of Registration of MBBS or equivalent and Post Graduate Qualification (MS/MS/DNB/Diploma etc.) with the National Medical Council /State Medical Council:

Sl. No.	Qualification	Registration No.	Date of Registration	Name of Medical Council (NMC/ State Medical Council)

15.. List of enclosures : -

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____
- vi. _____
- vii. _____

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 of the Candidate