

APPLICATION FORM FOR ENGAGEMENT OF TEACHING FACULTY
PROFESSOR/ASSOCIATE PROFESSOR/ASSISTANT PROFESSOR ON CONTRACTUAL
BASIS IN ESIC MEDICAL COLLEGE & HOSPITAL JAIPUR

(Read before filling forms)

- **Incomplete application is liable to be rejected.**

1. Post applied for(√): Professor/Associate professor/Assistant Professor
2. Department in which applied:.....
3. Name in CAPITAL letters:.....
4. Gender : Male Female Other
5. Father's/Husband's Name:.....
6. Date of Birth, Age as on Date of Interview:...../...../..... ,YEARS
7. Category of the Candidate (please write) : UR/EWS/OBC/SC/ST :.....
8. Qualifications (MBBS/MD/MS/DNB/PG Diploma/BDS/MDS etc. with Certificates)
Please add rows as per requirement in table:

COLOR PASSPORT SIZE
PHOTO
(Photograph should be
with clearly visible
face ,both ears)

Sl.	Degree and Subject	College	University	Year of Passing	NMC /State Medical Council no.
1					
2					
3					
4					
5					
6					

9. Experience(as per the post notified)Govt./Pvt. Hospital /Institution(in Years/Months) with Certificates:

Sl.	Position held	Institution	From	To	Total	Teaching/Non-Teaching	Nature: Regular/Contract
1							
2							
3							
4							
5							
6							

10. List of Publications:(Only NMC approved Publications will be considered)

Sl.	Title(Vancouver Style)	Author Position	Name of Journal	Name of Indexing Body
1				
2				
3				
4				
5				
6				
7				
8				

- (i) NMC /State Medical Council /
- (ii) Registration No.....
- (iii) Date of Registration:.....
- (iv) Date of expiry.....

11. Contact No(Mobile):

12. E-mail(in CAPITAL letters):.....

13. Postal Address:.....

.....

.....PINCODE.....

14. Present working status:-

Name of employer.....

Designation.....

Date of Joining.....

15. Details of Identity Certificate (Aadhaar No /VoterId/ PAN): Id number.....

16. Nationality : Indian/Other:

17. Interview Fee: Applicable :Yes/No ?

IF YES then provide DD NO

Issuing Date ,.....

Name of issuing bank ,

Name of branch of bank

DECLARATION:

I undertake that all the above information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me, if found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

(Signature of Candidate)

Checklist

List of documents which are to be submitted with Application Form.

Sl.	Name of Documents	Submitted: Yes/No, If No, Reason?
1	Demand Draft of Rs.225/-as Interview Fee, if applicable	
2	Certificate of Class10 th for Date of Birth	
3	Degree Certificate of MBBS	
4	Degree Certificate of MD/MS/DNB Examination	
5	EWS/OBC/SC/ST Certificate, when applicable	
6	NMC/State Medical Council Registration Certificate (updated)	
7	Aadhaar Card (or any other govt photo id)	
8	Proof of Publications, Certificate of Training, Attendance in the Conference/ Workshop/ Seminar, if any	
9	NOC from Current Employer, if applicable	
10	Relieving Certificate from previous Employer, if applicable	
11	Experience Certificate, if applicable	
12	Any other/Applicable document.	

Date:

Signature of Applicant:

Name of Applicant: