ESIC HOSPITAL, ANKLESHWAR, GUJARAT

APPLICATION FORM FOR THE POST OF _______(ADVERTISEMENT NO. 01/2025)

(Please fill in capital letters only)	
1. Post Applied for :	Affix recent passpor size photo duly self
6. Category: SC ST GEN OBC EWS	attested
7. Nationality:	
8. Email ID:	
9. Contact No:	
10. Permanent Address:	
11. Present Address:	
12. Sex: Male / Female 13. Whether ESIC/Govt. Employee: YES / NO 12. UID (Aadhar No.):	
14. Medical Council Register No:	
15. Name of the Medical Council:	
16. Tentative date of Joining (if selected):	

S. No	Name of the Exam	University	Percentage of Marks	Year of passing

19. Experience

Sl.				Period	
No	Name of Hospital	Post Held	From	to	Total Period (Years & Months)

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 a) Name of the Institution (Govt./Privalent

- b) Designation:
- 21. NOC certificate from present employer taken/PPO copy available (if applicable)

1. List of enclosures:

Sl. No.	Particulars	Enclosed (Yes/No)
	Matriculation certification as proof of date of birth	
	Educational qualifications PG Degree/ Diploma/BHMS Degree	
	Application Fees of (if applicable)	
	Experience certificates	
	MCI registration	
	Caste Certificates (SC/ST/OBC & non-creamy layer cert/EWS)	
	UID (Aadhar no.)	
	Cancelled Cheque	

DECLARATION

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. If selected, I am willing to serve anywhere in India.

Place:	
Date:	

Signature of the Candidate