

**ANNEXURE-A**

Application for the Post of **Tutor**

**ESIC Medical College & Hospital, MIA, Desula, Alwar**

Post for which applying:.....

1.Name(in Block letters)-----

2.Father's/ Husband's Name:-----

3.Permanent Address :-----  
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4.correspondence Address:-----  
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Email: -----

5.Telephone/mobile no.:-----

6.Date of birth :-----

7.Age as on date of Interview:-----Years-----Month-----Days.

8.Whether SC/ST/OBC/General/PH/EWS :-----

9.Educational/Professional Qualification:-

<u>DEGREE/DEPLOMA/PG DEGREE</u>	<u>YEAR OF PASSING</u>	<u>UNIVERSITY</u>	<u>NO. OF ATTEMPTS</u>	<u>REMARKS</u>
MBBS				
PG Diploma ( . )				
PG Degree ( )				
DNB ( )				
ANY Others				

10.Work Experience

<u>Sr.No.</u>	<u>Post Held</u>	<u>Institution</u>	<u>Period (Dates:from-to</u>	<u>Period in months/year</u>

Recent passport  
Size Photo Self  
Attested

11. Whether worked/working as Senior Resident/Junior Resident in any Central/State Govt. :- Yes/No

If any : 1.Period of SR/JR ship from-----to-----

2.Name of organization & Address-----

12. Registration No. (State/MCI) : -----

13. Aadhar No. : -----

14. Have you ever been dismissed or punished by any Govt/ State Authorities so provide details:

**Declaration:-I do hereby declare that all the statements made in this application are true complete and correct to the best knowledge and belief. I am fully aware that in the event of any particular or information furnished by me is found to be false/incomplete/incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be reseatad/cancelled and in the event of any statements information found false incorrect even after my appointment my services are liable to be terminated without any notice. I am citizen of India by birth/domicile.**

Date :

Place:-

(Signature of Candidate)

**Check list of enclosures**

- |   |        |
|---|--------|
| 1.Date of Birth Certificate in original with a copy   | Yes/No |
| 2.U.G. & P.G. Degree certificates along with mark sheet & attempt certificate in original with a copy | Yes/No |
| 3.Experience Certificate,if applicable in original with a copy  | Yes/No |
| 4.MCI/State Medical Council Registration Certificate in original with a copy                          | Yes/No |
| 5.Caste (SC/ST/OBC/PWD) Certificate if applicable in original with a copy                             | Yes/No |

(Signature of Candidate)