## APPLICATION FORM FOR THE POST OF SPECIALIST GR. II (SENIOR SCALE) IN ESI CORPORATION-2022

	4 N = 1	
1.	(a) State Applied For	
	(b) Post applied for	Affix self-attested recent passport size
	(c) Specialty applied for	photograph here (photograph should be
		firmly pasted on this
2.	Particulars of the Demand Draft/Banker's Cheque:	space and not stapled)
	(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. <b>27.12.2022)</b> Year, Months	,Days
6.	Nationality	
7.	Mailing address	
	E-mail ID	
	Mobile No.	
8.	Permanent Address	
	(with telephone number)	
9.	Sex (write 1 for Male, 2 for Female & 3 for Transgender )	
10.	(i) (a) If Person With Disability (PWD) (Yes /NO)	
10.		
	(b) Percentage of Disability	
	(iii) (a) Whether ESIC / Govt. Employee (Yes/No)	
11.	Community to which applicant belongs :(Write 1 for SC, 2 for ST, 3 for OBC, 4 for EWS and 5 for General)	

1	l2. (a) ESSENTIA	L EDUCATIONAL ANI	D PROFESSIONAL QUA	LIFICATIONS		
	(Attach annex	ture, if necessary).				
	Name & Address of	University	Duration	Degree/	Subjects	Perc
	Institution	1	Гиото То	Examination		of ı

University	Durat	tion	Degree/	Subjects	Percentage	
	From	То	Passed		of marks obtained	
	University	-		From To Examination	From To Examination	

(b) Whet	her passed	l middle	level	examina	ation in	official	language	e of the	state	concerned:	Yes/No
If yes	s, please n	nention t	the la	nguage	passed						

13. 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	Scale of Pay	Whether working on Regular Basis/ Contractual Basis/ Adhoc Basis/ Residency Scheme etc.
		From	То			

14. Date of completion of Compulsory Rotating Internship	
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	(a) MBBS or equivalent	Qualification					
	Registration No.						
	Date of Registration	-					
	_	l Council (MCI/State Medical Council)					
	Name of the Fredica	r council (1761) State Fredical Council)					
	(b) Post Graduate Qual	fication (MS/MS/DNB/Diploma/DM/Mch)					
	Registration No.	-					
	Date of Registration						
	Name of the Medica	l Council (MCI/State Medical Council)					
Trainin	gs (if any).						
	Institution	Period	Field of Training				
Acadon	nic attainments and act	vitios (Attach appavire	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Academic attainments and activities (Attach annexure).							
Details	of Publications (Attach	annexure, if necessary):					
Details (i)	of Publications (Attach	annexure, if necessary):					
(i)	of Publications (Attach	annexure, if necessary):					
(i) (ii)	of Publications (Attach	annexure, if necessary):					
(i) (ii) (iii)	of Publications (Attach	annexure, if necessary):					
(i) (ii)	of Publications (Attach	annexure, if necessary):					
(i) (ii) (iii) (iv) (v)		annexure, if necessary):					
(i) (ii) (iii) (iv) (v) List of e	of Publications (Attach nclosures :						
(i) (ii) (iii) (iv) (v)		annexure, if necessary):  (ii) (iv)					
(i) (ii) (iii) (iv) (v) List of e (i) (iii) (v)	nclosures :	(ii) (iv) (vi)					
(i) (ii) (iii) (iv) (v) List of e (i) (iii) (v) (viii)	nclosures :	(ii) (iv) (vi) (vii)					
(i) (ii) (iii) (iv) (v) List of e (i) (iii) (v) (vii) (ix)	nclosures :	(ii) (iv) (vi) (viii) (x)	ue, complete and correct to				
(i) (ii) (iii) (iv) (v) List of e (i) (vi) (vii) (ix) I hereb	nclosures :	(ii) (iv) (vi) (viii) (x) tatements made in this application are tr	ue, complete and correct to				
(i) (ii) (iii) (iv) (v) List of e (i) (vii) (vii) (ix) I hereb the best	nclosures : y declare that all the st of my knowledge and b	(ii) (iv) (vi) (viii) (x) tatements made in this application are tr					
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(i) (ii) (iii) (iv) (v) List of e (i) (vi) (vii) (ix) I hereb the best I unders candidat compens I also a applied i	nclosures:  y declare that all the stand that in the event ture/appointment shall lating thereof.  ffirm that No Objection for/taken.	(ii) (iv) (vi) (viii) (x) satements made in this application are troelief.  of any information being found false or the liable to be cancelled / terminated sum) Certificate from the present employer for	incorrect at any stage, my marily without notice or any				

-						DDUCED BY OTHER E OF INDIA)	BACKWARD	CLASSES	APPLYING FO	OR APPOINTMENT
	Thi	s is	to	certify	that	Shri/Smt./Kumari				son/
	daugl									
						_of village/town				
						it.,hiah ia waaani				
	_					unity which is recogni nt's Resolution	zed as a bac	kwara ciass	under the Gov	vernment of India,
	•			•		nt's Resolution			dated	*
						and/or				
						District/Division of		•	•	, ,
Terr	itory. Th	nis is als	so to c	ertify that	he/she	does not belong to th	e persons/se	ections (Cre	amy Layer) me	entioned in column
3 of	the Scl	hedule 1	to the	Governm	ent of	India, Department of	Personnel &	Training O	M No. 36012/2	22/93-Estt. (SCT,)
date	ed									
08.0	9.1993	**.								
						<u> </u>				
Date	2							District Mag etc		y Commissioner
		Seal of (								
*						ificate may have to ndidate is mentione		e details o	f Resolution o	of Government of
*:				n time to		naidate is mentione	u us obci			
Note	e: The		rdinar	ily reside(		I here will have the sa	me meaning	as in section	on 20 of the Re	presentation of the
List	of autl	norities	emp	owered t	to issue	e Caste/Tribe Certifi	icate Certifi	cates:		
i.	Comm	ission/	Dy. Co	ollector / :	1st Class	ct Magistrate/ Collectors Stipendiary Magistrate.				
ii.	Chief I	Presider	ісу Ма	gistrate /	Additio	nal Chief Presidency N	lagistrate / I	Presidency I	Magistrate.	
iii.	Reven	ue Offic	ers no	t below th	ne rank	of Tehsildar.				
iv.	Sub-D	ivisiona	l Offic	ers of the	area w	here the applicant and	l or his famil	y normally	resides.	
Not	e-I	a. I	The t	term 'Or	dinaril	y' used here will le People Act, 1950. Letent to issue Caste	have the s	same mea	ning as in S	Section 20 of th
		ii.	Comm Magist Delow Chief Rever	nissioner trate / Ta the rank Presider nue Offic	/ Deputed Indicated Among the Among	Additional Magistratury Collector / Ist Cl Magistrate / Executivate Class Stipendiary Magistrate / Additional below the rank of Terror the area where	ass Stipend ve Magistra Magistrate) Chief Presid ehsildar	diary Magis te / Extra dency Mag	strate / Sub-l Assistant Con istrate/ Presi	Divisional mmissioner (not dency Magistrate
Note	e-II	Th sta	e clo	sing date	e for re	er of the area where eceipt of application e and also, for assur	will be tre	eated as t	he date of re	eckoning for OBO
lote	e-III	Th Go	e can	ment job	s as pe	urnish the relevant er <b>Annexure `A'</b> abo pulated in this Notic	ove issued		-	

## Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

Iresident of village/town/city
district statehereby declare that I belong to thecommunity
which is recognized as a backward class by the Government of India for the purpose of
reservation in services as per orders contained in Department of Personnel and Training Office
Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not
belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to
the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.)
dated 9th March, 200, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM
No. 36033/1/2013-Estt. (Res.), dated: 27 <sup>th</sup> May, 2013.
Signature:
Full Name:
Address:

## PROFORMA OF CERTIFICATE FOR EMPLOYED OFFICIALS

Ι	hereby,	with	the	information	available,	certify	that	Shri
	<u>(Na</u>	ame)		, No(R	ank)	, wo	uld con	nplete
pr	escribed pe	eriod of	fappoi	ntment on	(Date)	<u>.</u>		
	ace: ated:				Command	_	nature er Office	e Seal

## FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING FOR CIVIL POSTS UNDER EX-SERVICEMEN CATEGORY

I understand that, if selected on the basis of the recruitment/examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharges from the Armed Forces and that I am entitled to the benefits admissible to ex-servicemen in terms of the Ex- servicemen (Re-employment in Central Civil Services and Posts) Rules, 1979, as amended from time to time.

3) I also understand that I shall not be eligible to be appointed to a v servicemen in regard to the recruitment covered by this examination, if I h such appointment, secured any employment on the civil side (including Pu Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.), by availi reservation of vacancies admissible to Ex-servicemen.	ave at any time prior to blic Sector Undertaking,
Place:	
Date:	Signature of Candidate