

**APPLICATION FORM FOR ENGAGEMENT OF ADJUNCT / VISITING FACULTY ON CONTRACTUAL BASIS IN ESIC
MEDICAL COLLEGE, FARIDABAD**

1. (a) Name of ESIC Medical Education Institution applied for : _____
(b) Post applied for _____
(c) Specialty applied for _____

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

2. Name in full (in block letters) _____
3. Father's / Husband's Name _____
4. (a) Date of Birth (in figures) _____
(in words) _____
(b) Age as on date of walk in interview _____
5. Nationality _____
6. Mailing address _____
7. (a) Email _____
(b) Mobile No. _____
8. Permanent Address _____

9. Sex (write 1 for Male, 2 for Female, 3 for Transgender)

10. i) (a) If Person With Disability (PWD) **Yes / No**
(b) If Yes, Percentage of Disability _____
ii) Whether Ex-Serviceman **Yes / No**
iii) Whether ESIC / Govt. Employees **Yes / No**

11. Community to which applicant belongs
(Write 1 for SC, 2 for ST, 3 for OBC and 4 for General)

12. **ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

(Attach annexure, if necessary)

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

Contd. ...3

13. **DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)**

(Attach annexure, if necessary).

Name of the Institution	Position(s) held	Period of service		Institution Type	Whether Experience is recognized by MCI
		From	to		

Contd. ...4/-

14. DETAILS OF RESEARCH PUBLICATIONS

(Attach annexure, if necessary).

Name of Journals/Research Papers (Indexed in Pub. MED)	Year of Publication	Title of Research Papers

15 Training

Institution	Period	Field of Training

16. Academic attainments and activities _____

(Attach Annexure, If necessary)

- (i) (v)
- (ii) (vi)
- (iii) (vii)
- (iv) (viii)

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.

Place _____

Date _____

Signature of Candidate _____