

**APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR IN
ESI CORPORATION-2025**

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

1. Specialty applied for: _____
2. Particulars of the Demand Draft/Banker's Cheque:
 - (a) Amount Rs. _____
 - (b) Name & Branch of issuing bank _____
 - (c) DD/BCNo. _____ 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. 15/09/2025**): Year __, Months __, Days __
6. Nationality: _____
7. (a) Mailing address: _____

(b) E-mail ID: _____
(c) Mobile No.: _____
8. Permanent Address: _____
(with telephone number) _____

9. Sex (write 1 for Male, 2 for Female & 3 for Transgender): _____
10. (i) Are you a Person with Benchmark Disability (PwBD): (Yes /No): _____
(ii) If Yes, then Percentage of Disability: _____
11. (i) Are you an Ex-Serviceman: (Yes /No): _____
(ii) If Yes, then Date of discharge from Armed Forces: _____
12. (i) Are you an ESIC / Govt. Employee (Yes/No): _____
(ii) If Yes, please mention whether ESIC or Govt. Employee: _____
(iii) Whether working on regular/contractual/adhoc/ Residency Scheme basis : _____
13. Community to which applicant belongs to: _____
(SC or ST or OBC or EWS or General)

Contd.../-

14. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS:
(Attach annexure, if necessary)

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

15. 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		Teaching Experience			Whether the Experience is recognized by MCI/DCI or Statutory Body concerned, as Teaching Experience.	Whether working on Regular Basis/ Contractual Basis/ Adhoc Basis/ Residency Scheme etc.
		From	To	Years	Months	Days		

Contd...

16. Date of completion of Compulsory Rotating Internship: _____

17. Registration No. and Date of Registration of MBBS and Post Graduate Qualification (MS/MS/DNB/Diploma etc.) with the National Medical Council/State Medical Council:

(a) MBBS Qualification:

Registration No.: _____: Date of Registration: _____

Name of the Medical Council (NMC/State Medical Council): _____

(b) Post Graduate Qualification (MS/MS/DNB etc.):

Registration No.: _____: Date of Registration: _____

Name of the Medical Council (NMC/State Medical Council): _____

18. Trainings (if any).

Institution	Period	Field of Training

19. Academic attainments and activities (Attach annexure, if necessary)

20. Details of Publications (Attach annexure, if necessary):

(i)
(ii)
(iii)
(iv)

21. List of enclosures:

(i)	(vi)
(ii)	(vii)
(iii)	(viii)
(iv)	(ix)
(v)	(x)

22. Preference of State for Posting:

Rajasthan, Bihar, Karnataka, West Bengal, Tamilnadu, Haryana, Telangana, Delhi, Maharashtra, Assam, Madhya Pradesh, Uttar Pradesh, Punjab, Jharkhand, Gujarat

(i)	(ix)
(ii)	(x)
(iii)	(xi)
(iv)	(xii)
(v)	(xiii)
(vi)	(xiv)
(vii)	(xv)
(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.

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

Place _____

Date _____

Signature of the Candidate: _____