

Annexure-I

FORM TO BE FILLED BY THE CANDIDATES FOR THE POST OF SUPER SPECIALIST (SENIOR LEVEL)/ SR CONSULTANT, SUPER SPECIALIST (ENTRY LEVEL)/ JR CONSULTANT/ SPECIALIST (JR. & SR.), FACULTY & SENIOR RESIDENT (ON CONTRACT BASIS) AT ESIC SUPER SPECIALITY HOSPITAL, SANATHNAGAR, HYDERABAD

S.No.	Particulars	Details (to be filled in BLOCK LETTERS only)	
1	Advertisement No.		Affix self-attested recent passport size photograph here (photograph should be firmly pasted on this space and not stapled)
2	Post applied for		
3	Department		
4	Name		
5	Father's/Husband's Name		
6	Date of Birth		
7	Age as on the date of interview		
8	Citizenship		
9	Permanent Address		
10	Present Address		
11	Mobile No.		
12	E-Mail ID		
13	Gender		
14	Community (SC/ST/OBC/EWS)		
15	Whether ESIC/Govt. employee (Yes/No) and details thereof.		

20. DETAILS OF EXPERIENCE (IN CHRONOLOGICAL ORDER):

Name of the Organization (please specify whether Central Govt./ State Govt./Public Sector /Autonomous Body/ Private Sector)	Position(s) held	Period of service		Total period (Years & Months)
		From	To	

Total Experience: _____ Years _____ Months _____ Days

21 PUBLICATIONS*(In indexed Journal):

	Number	Remarks(For Office Use)
Number of Publications as First Author		
Number of Publications as corresponding author/second author*		
Publications during Tenure of Associate Professor		
Publications during Tenure of Assistant Professor		

*For Publications before 8th June 2017 as First/Second Author. After 8th June 2017 as First/ Corresponding Author.

22. FOR PROFESSOR & ASSOCIATE PROFESSOR:

i.	Whether completed the basic course in Medical Education Technology from Institutions designated by NMC?	YES/NO
ii.	Whether completed the basic course in Biomedical Research from Institutions designated by NMC	YES/NO

Declaration:-

I undertake that all the information given by me are correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong at any stage, my candidature for the post will automatically stand cancelled.

Place:

Date:

(Signature of the Candidate)

Check List of the Documents to be attached by Candidate with Annexure — I

S. No.	Documents	Comments Yes / No / NA	Remarks for Office Use
1	Duly filled Forms in Annexure A with all Details and		
2	2 Additional Photographs		
3	Aadhar Card Copy		
4	Birth Certificate for Age		
5	Caste Certificate for Category (if applicable)		
6	MBBS Mark sheets		
7	MBBS Degree Certificate		
8	PG Degree / Diploma Mark sheets		
9	PG Degree / Diploma Certificate		
10	Experience Certificate		
11	MCI Registration Copy		
12	NOC from Present		

(Application without the relevant Documents may lead to rejection of Candidature in Walk in Interview)

Signature of Candidate:

Name of the Candidate: _____

(For Office Use)

Remarks and Recommendations for Appearing in Interview for the Candidates:

Signature of Verifying Officer: _____

Name of the Verifying Officer: _____