

कर्मचारी राज्य बीमा निगम

(श्रम एवं रोजगार मंत्रालय**, भारत सरकार)** EMPLOYEES' STATE INSURANCE CORPORATION (Ministry of Labour & Employment, **Govt. of India)**



क.रा.बी.नि. आयुर्विज्ञान महाविद्यालय और अस्पताल अँधेरी सेंट्रल रोड,एम.आई.डी.सी., अँधेरी(पूर्व), मुम्बई -400093 ESIC MEDICAL COLLEGE AND HOSPITAL ANDHERI

Central road, MIDC, Andheri East, Mumbai-400093 Phone: 022-2220889641 Email: deanpgi-ane.mah@esic.nic.in Website: www.esic.nic.in / www.esic.in

Format of Application

Candidates are advised to read the details advertisement carefully prior to filling the application form. The candidates must ensure that he/she has an active e-mail ID and Mobile number. The e-mail ID and the Mobile number are required to be preserved till publication of final result.

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DECLARATION:

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

Date: (Signature of Candidate)

Important

(Read before filling forms)

- Incomplete application is liable to be rejected.
- Form should be filled by candidate in person with clear and CAPITAL letters.
- Photograph should be with clearly visible face, both ears & signed across.

Checklist

List of documents which are to be submitted with Application Form:

SI	Name of Documents	Submitted: Yes/No, if No, Reason
1	Demand Draft as Interview Fee, if applicable	
2	Certificate of Class 10 th for Date of Birth	
3	All Marks sheets of MBBS	
4	Attempt Certificate of MBBS	
5	Degree Certificate of MBBS	
6	All Marks sheet of MD/MS/DNB	
7	Attempt Certificate of MD/MS/DNB	
8	Degree Certificate of MD/MS/DNB examination	
9	EWS/OBC/SC/ST Certificate, when applicable	
10	NMC/State Medical Council Registration Certificate	
11	Aadhar Card	
12	Proof of Publication, Certificate of Training, Attendance in the Conference/workshop/Seminar, if any	
13	NOC from current Employer, if applicable	
14	Relieving Certificate from previous Employer, if applicable	
15	Experience Certificate, if applicable	
16	Any other	

Date: Signature of Applicant Name of Applicant: