

ESIC MEDICAL COLLEGE AND HOSPITAL, K.K. NAGAR, CHENNAI

APPLICATION FORM FOR HOMEOPATHY PHYSICIAN (Contractual)

Personal Details (to be filled in block letters)

1. Name:
(as per X Marksheet)
2. Father Name:
3. Date of Birth:
4. Gender: ☐ Male ☐ Female ☐ Other
5. Religion: ☐ Hindu ☐ Christian ☐ Muslim ☐ Others
6. Category: ☐ UR ☐ OBC ☐ SC ☐ ST ☐ EWS
7. Worked/Working in ESIC: ☐ Yes ☐ No
8. Currently Working: ☐ Government ☐ Private ☐ Not Working
9. If Yes, NOC/Intimation Letter duly acknowledged obtained: ☐ Yes ☐ No
10. Mail ID:
11. Mobile No:

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

Address for Communication:

Payment Details

12. DD No: Date:
13. Bank Name: Branch Name:

Qualifications

14. Homeopathy Degree: ☐ Yes ☐ No
15. Central / State Register of Homeopathy: ☐ Yes ☐ No

DECLARATION

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/ Intimation Letter duly acknowledged from the present employer for applying for this post has been obtained.

Place:

Date:

Signature of the Candidate

Encl.

1. 10th Marksheet
2. Masked Aadhaar Copy
3. Copy of qualification certificates
4. Copy of valid registration certificate
5. Copy of Valid Community Certificate in prescribed format, if applicable
6. Demand Draft for Rs.500, if applicable

All the above certificates/documents should be valid as on the date of interview for ascertaining eligibility.