

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

APPLICATION FORM FOR TEACHING FACULTY (Contractual)

Personal Details (to be filled in block letters)

1. Name:
(as per X Marksheets)
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. Person with Benchmark Disability (PwBD): Yes No
8. If Yes, Percentage of Disability:
9. Ex-Serviceman (ESM): Yes No
10. Worked/Working in ESIC: Yes No
11. Currently Working: Government Private Not Working
12. If Yes, NOC/Intimation Letter duly acknowledged obtained: Yes No
13. Mail ID:
14. Mobile No:

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

Address for Communication:

Post Details

15. Post Applied: Professor Associate Professor Assistant Professor
16. Specialty Applied:

Payment Details

17. DD No: _____ Date: _____
18. Bank Name: _____ Branch Name: _____

Qualifications

- | Degree | Valid Registration | |
|--|--------------------------|--------------------------|
| | TNMC | Other |
| 19. MBBS | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. <input type="checkbox"/> MD <input type="checkbox"/> MS <input type="checkbox"/> DNB | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. <input type="checkbox"/> DM <input type="checkbox"/> DRNB <input type="checkbox"/> MCH | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. BCBR Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 23. BCME Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Experience

| Post Applied | Required Experience | Required Experience From | Required Experience To | Proof Attached |
|---------------------|--|--------------------------|------------------------|--|
| Professor | 3 years as Associate Professor | / / | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Associate Professor | 4 years (2 years for Super Speciality discipline) in a as Assistant Professor | / / | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Assistant Professor | 1 year as Senior Resident in the concerned subject (Not applicable to Super Speciality discipline) | / / | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Research Publications

| Sl. No. | Journal Name | Indexed In | ID [Key No] | Title | Date of Publication |
|---------|--------------|------------|-------------|-------|---------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

- Research publication published as per the NMC Norms for promotion as Associate Professor / Professor.
- No need to attach any document, however to be shown on the date of interview.

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

Order of Mandatory documents to be enclosed:

1. 10th Marksheet
2. Masked Aadhaar Copy
3. Copy of qualification certificates and BCBR & BCMET (If applicable)
4. Copy of Experience certificates in chronological order.
5. Copy of valid registration certificates
6. Copy of NOC/ Intimation letter duly acknowledged by the employer, If applicable.
7. Copy of Valid Community Certificate in prescribed format, if applicable
8. Copy of disability certificate (for PwBD) or discharge summary (for ESM), if applicable
9. Demand Draft for Rs.500, if applicable

All the above certificates/documents should be valid as on the closing date of application submission through mail for ascertaining eligibility.