

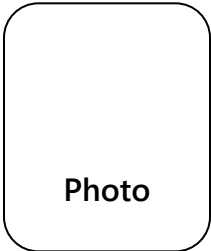


ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸರ್ಕಾರ  
 EMPLOYEES' STATE INSURANCE CORPORATION  
 ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸರ್ಕಾರ, ೦೦.೦೦.೦೦.೦೦.೦೦.೦೦  
 Medical College, PGIMSR & MODEL HOSPITAL  
 ಕರ್ನಾಟಕ ರಾಜ್ಯ, ಕರ್ನಾಟಕ - 560 010  
 Rajajinagar, Bangalore - 560 010  
 ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸರ್ಕಾರ (ಮಾನ್ಯ ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ ಸಚಿವರು)  
 (Ministry of Labour & Employment, Govt. of India)

Phone 080-23325130/23320271/೦೦೦೦೦೦೦೦/Fax : 080-23325130, Email ID: [esicmh@gmail.com](mailto:esicmh@gmail.com)

**APPLICATION FOR THE POST OF SENIOR RESIDENT**

- 1 Name of the Candidate : \_\_\_\_\_
- 2 Father's/Husband's Name : \_\_\_\_\_
- 3 Mother's Name : \_\_\_\_\_
- 4 Date of Birth as per SSLC Certificate : \_\_\_\_\_



Age

| Years | Month | Days |
|-------|-------|------|
|       |       |      |

- 5 Religion : \_\_\_\_\_
- 6 Nationality : \_\_\_\_\_
- 7 Category (SC/ST/OBC/UR) : \_\_\_\_\_
- 8 Whether PH : YES/NO
- 9 Mobile Number : \_\_\_\_\_
- 10 E-mail ID : \_\_\_\_\_
- 11 Address (Permanent) : \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 12 Address for correspondence : \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

13 Educational Qualification:

| Sl. No. | Name of the Exam | University | Percentage of Marks | Year of Passing |
|---------|------------------|------------|---------------------|-----------------|
|         |                  |            |                     |                 |
|         |                  |            |                     |                 |
|         |                  |            |                     |                 |

14 Experience in chronological order:

4L

| Sl. No. | Name of the institution & Designation | From | To | Period |
|---------|---------------------------------------|------|----|--------|
|         |                                       |      |    |        |
|         |                                       |      |    |        |
|         |                                       |      |    |        |
|         |                                       |      |    |        |

15 Presently working as Designation a) \_\_\_\_\_  
b) Name of the Institution \_\_\_\_\_  
c) Govt./ Private \_\_\_\_\_

16 NOC certificate from present employer taken/ PPO copy available (If applicable)

17 If retired, Date of retirement (Please enclose the copy of PPO)

18 Tentative date of joining (If selected) \_\_\_\_\_ :

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case any information found to be false/ incorrect at a later date of the recruitment/ appointment, I shall be bound by the decision of the Medical Superintendent, ESIC, PGIMSR & Model Hospital, Rajajinagar, Bangalore - 10/ESI Corporation without prejudice for further action as per law.

**Encl: Pertaining to Sl. No.13 to 17.**

Date & Place : \_\_\_\_\_/ \_\_\_\_\_

(Signature of Candidate)