

14. Details of Educational Qualifications

Examination Passed	University/Board/Institution/Council of Examination	Month, Year of passing
Secondary [10 th]		
Senior Secondary [12 th]		
UG		
PG		
Any other []		

15. Registration No.	
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16. Work Experience [if any]						
Name of Organization	Period of Service From		Designation	Nature of duties performs	Total Monthly Emolument	Reason for Leaving services
	From	To				

18. If Selected, Specify the minimum required time to join.	
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Bring the original and attested photocopies of related documents and publications at the time of Document verification/Interview.

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case of any information found to be false/incorrect at a later date of the recruitment/appointment, I shall be bound by the decision of the DEAN, ESIC Medical College & Hospital, K.K. Nagar, Chennai- 600 078/ ESI Corporation without prejudice for further action as per law.

Place :

Date :

Signature of the Candidate