



Chinta Se Mukti

राज्य चिकित्सा आयुक्त कार्यालय  
क्षेत्रीय कार्यालय : पुदुच्चेरी

कर्मचारी राज्य बीमा निगम

(आई एस ओ 9001: 2008 प्रमाणित)

सं.178, अंसारी दुरईसामी नगर, 100 फीट रोड, आर.टी.ओ. के सामने, मुदलियारपेट  
पुदुच्चेरी-605 004

OFFICE OF THE STATE MEDICAL COMMISSIONER  
REGIONAL OFFICE : PUDUCHERRY

ESI CORPORATION

(ISO 9001 : 2008 CERTIFIED)

NO. 178, ANSARI DURAISAMY NAGAR,

100 FEET ROAD, OPP. TO RTO, MUDALIARPET

PUDUCHERRY-605 004.

## APPLICATION FORM FOR THE POST OF PART TIME \_\_\_\_\_

1. NAME (in capital letters) \_\_\_\_\_

2. Father's/Husband Name \_\_\_\_\_

3. Date of Birth (in figures) \_\_\_\_\_

(in words) \_\_\_\_\_

4. (a) Religion \_\_\_\_\_

(b) Nationality \_\_\_\_\_

5. Mailing Address \_\_\_\_\_

Affix attested Recent  
Passport size photo

Signature of the Candidate

(With e-mail address) \_\_\_\_\_

Telephone No./Mob.No. \_\_\_\_\_

6. Permanent Address \_\_\_\_\_

(with telephone no.) \_\_\_\_\_

7. Sex. \_\_\_\_\_

8. (I) (a) If physically handicapped **YES/NO**

(Orthopedically handicapped)

(b) Percentage of Disability \_\_\_\_\_

(ii) Whether Ex-serviceman

9. Community to which applicant belongs \_\_\_\_\_

(Write 01 for SC, 02 for OBC, 03 for General)

10. Essential educational Qualifications & other Training Course ( Attach Annexure if Necessary)

| Name & University Address of College | Duration |    | Degree/Examination passed | Subjects | Percentage of Marks obtained |
|--------------------------------------|----------|----|---------------------------|----------|------------------------------|
|                                      | From     | To |                           |          |                              |
|                                      |          |    |                           |          |                              |
|                                      |          |    |                           |          |                              |
|                                      |          |    |                           |          |                              |
|                                      |          |    |                           |          |                              |

11. Date of Completion of compulsory Rotating Internship \_\_\_\_\_

12. Date of Registration with MCI/SMC/DCI \_\_\_\_\_

13. Details of Employment in Chronological order (Attach Annexure if Necessary)

| Name of the Organization (please Specify whether Central Govt./State Govt./Public Sector/Autonomous body/Private Sector) | Position (s) held and to whom reporting | Period of Service | Nature of/Work done & reasons for Leaving | Scale of Pay | Basic Pay |
|--|---|-------------------|---|--------------|-----------|
|  |   |                   |   |              |           |
|  |   |                   |   |              |           |
|  |   |                   |   |              |           |
|  |   |                   |   |              |           |

I hereby declare that all the statement 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 found false or incorrect at any stage my candidature/appointment shall be Liable to be cancelled/terminate, summarily without notice ore any compensation in Lieu thereof.

I also affirm that “ No objection certificate” from the present employer for applying this post has been applied for/taken.

Place:

Date:

\_\_\_\_\_  
Signature of the candidate