

ब्रुविस्तुती वान वीभा तिवाभ (ब्रिवेड अडे वुस्तुवाच भेडवारू), **डावेड मवबाव)** कर्मचारी राज्य बीमा निगम (श्रम एवं रोजगार मंत्रालय, **भारत सरकार**)

Employees' State Insurance Corporation (Ministry of Labour & Employment, Govt. of India)

Website: https://ludhianahospital.esic.gov.in



भैडीवस व्यस्त भडे चमपडास, ङावड तवाव, स्रुपिभाटा आयुर्विज्ञान महाविद्यालय एवं अस्पताल, भारत नगर, लुधियाना

Medical College & Hospital, Bharat Nagar, Ludhiana

Phone: 0161-2772435/2775539 Email: dean-ludhiana.pb@esic.gov.in

## **Application Form**

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9. Qualifications (MBBS onward): (Please add rows in table as per requirement)



बत्रभस्ति वन्त बीभा तिताभ (बित्र अंडे वृद्धतान्त भेंडवारुः, **डान्ड मनवान्)** कर्मचारी राज्य बीमा निगम (श्रम एवं रोजगार मंत्रालय, **भारत सरकार**)

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ਮੈਡੀਕਲ ਕਾਲਜ ਅਤੇ ਹਸਪਤਾਲ, ਭਾਰਤ ਨਗਰ, ਲੁਧਿਆਣਾ आयुर्विज्ञान महाविद्यालय एवं अस्पताल, भारत नगर, लुधियाना

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17.

Marital Status :Single/Married:

बत्रभस्ति वन्त बीभा तिताभ (बित्र अंडे वृत्तवात्व भेंडवारुः, **अव्य मतवात्)** कर्मचारी राज्य बीमा निगम (श्रम एवं रोजगार मंत्रालय, **भारत सरकार**)

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बराअसावी राज घीमा तिराभ (बिराज अजे रुस्तार भेजराखा, **डाउड मवबार)** कर्मचारी राज्य बीमा निगम (श्रम एवं रोजगार मंत्रालय, **भारत सरकार**)

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I undertake that all the above information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me, if found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date: (Signature of Candidate)



बराय विकास विकास विकास (बिराय क्षेत्र क्षेत्र

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## **Important** (Read before filling forms)

- In complete application is liable to be rejected.
- Form should be filled by candidate in person with clear and CAPITAL letters.
- Photograph should be with clearly visible face, both ears & signed across.

## **Checklist**

List of documents which are to be submitted with Application Form.

Sl.	Name of Documents	Submitted: Yes/No, If No, Reason?
1.	Certificate of Class10 <sup>th</sup> for Date of Birth	
2.	Degree Certificate of MBBS	
3.	Marks sheet of MBBS	
4.	Attempt certificate of MBBS	
5.	Degree of MD/MS/DNB/Other Postgraduate qualification	
6.	Marks sheet of MD/MS/DNB	
7	Attempt certificate of MD/MS/DNB/Other certificate	
8	NMC/State Medical Council Registration Certificate (updated)	
9	Proof of publication(s), along with proof of indexing agency of the journal	
10	Experience Certificate (s)	
11	Certificate of Revised Basic course in medical education technology, If applicable	
12	Certificate of Basic Course in Biomedical Research, , If applicable	
11	Relieving / NOC Certificate from previous / current Employer, if applicable.	
12	Aadhaar Card	
13	PAN card	
14.	Valid EWS/OBC/SC/ST/PwD Certificate issued in format for Central Govt. job, if applicable	

Date:	Signature of Applicant:
Date.	Signature of Applicant.

Name of Applicant: