

## **APPLICATION FOR THE PARA MEDICAL RECRUITMENT IN THE ESI HOSPITAL SANATHNAGAR HYDERABAD - 500038**

Post applied for : \_\_\_\_\_

Employment Registration No : \_\_\_\_\_

1. Name of the Applicant : \_\_\_\_\_  
(Block Letters)

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

3. Sex. : \_\_\_\_\_

4. Date of Birth. : \_\_\_\_\_

5. Religion. : \_\_\_\_\_

6. Social Status. : \_\_\_\_\_  
(SC/ST/BC with group / OC)

7. Relaxation of age, if any : \_\_\_\_\_

8. Whether Physically Challenged / Compromised : \_\_\_\_\_  
(Latest certificate issued by the Medical  
Board to be enclosed)

9. Details of Education Qualifications :

Sl No	Class	Year of Passing	School & Place / College & Board / University	District
1	4 <sup>th</sup> Class			
2	5 <sup>th</sup> Class			
3	6 <sup>th</sup> Class			
4	7 <sup>th</sup> Class			
5	8 <sup>th</sup> Class			
6	9 <sup>th</sup> Class			
7	10 <sup>th</sup> Class			
8	Intermediate			



## 10. Marks obtained in academic / Technical Qualification Examination

Type of Qualification	Please specify Qualify Examination (SSC/Intermediate/Technical Certificate courses)	Month & Year of passing	Maximum Marks	Marks obtained	Percentage of Marks
Academic					
Technical					

11. Number of completed years as : \_\_\_\_\_  
contract employee in  
A.P. Insurance Medical Services

12. Address for communication along with pin code:

Name. :

House No. :

Village/Town :

District :

Phone No (if any) :

### **DECLARATION**

I hereby declare that the above facts are true and correct. I further declare that if any thing found incorrect, I shall be liable for termination from service with immediate effect without any notice and also liable for legal action.

**SIGNATURE OF THE CANDIDATE**

## **CHECK LIST**

**Candidates are requested to arrange the documents in the following order :**

- |    |   |        |
|----|---|--------|
| 1  | Filled in Application form  | YES/NO |
| 2  | Attested copy of age proof (SSC marks memo)   | YES/NO |
| 3  | Attested copies of Academic Qualification Marks   | YES/NO |
| 4  | Attested copies of marks Memos of Technical Qualification examination (for all the years)                                       | YES/NO |
| 5  | Attested copy of Registration certificate for (ANM & Lab Assistant /Lab Assistant for Blood Bank)                               | YES/NO |
| 6  | Attested copy of latest caste certificate (in case SC/ST/BC including group)  | YES/NO |
| 7  | Attested copy of study certificate from class – IV to X. Where the candidate has studied./ Local Status                         | YES/NO |
| 8  | Attested copy of Medical Certificate for Physically. Challenged Persons   | YES/NO |
| 9  | In case working on contract basis in Andhra Pradesh Insurance Medical Services Department a certificate in prescribed proforma. | YES/NO |
| 10 | (3) passport size photographs (colour) with name on the back of the photo one pasted on application                             | YES/NO |
| 11 | Two self addressed and stamped envelope with acknowledgment card (Postal stamp of Rs.25/-) of 10.5 X 4.5 inches size.           | YES/NO |

**SERVICE CERTIFICATE (CONTRACT)**  
**[CERTIFICATE TO BE ISSUED BY THE CONTROLLING OFFICER**  
**JOINT DIRECTOR / MEDICAL SUPERINTENENT]**

This is to certify that Kum / Smt /Sri \_\_\_\_\_

S/o, D/o, W/o \_\_\_\_\_ has been working

as \_\_\_\_\_ in ESI Dispensary / Hospital on contract basis.

The details of service are as follows:

<b>Nature and address of institution</b>	<b>Rural / Urban</b>	<b>Period of service tenure From - To</b>	<b>Reasons for breaking in service, if any</b>

**I here by certify that:**

1. His/Her services as \_\_\_\_\_ on contract basis are satisfactory.
2. He/She has the following adverse remarks from his/her superiors and the public during his/her period of contract service as \_\_\_\_\_.
  - a)
  - b)
  - c)

**Date:**

**Place:**

**Signature of Controlling Officer  
with stamp**