



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt of India)



Applicant Details

HelpDesk

Personal Details

Application Sequence No

ESIC22006933

Candidate's Name

HEMALATHA G

Father's Name

GANESH S

Nationality

a citizen of India

Mother's Name

VEDHANAYAKI

Post Applied Details

Post Applied

Insurance Medical Officer Grade II

Post Code

01

Center Choice 1

Thiruvananthapuram

Center Choice 2

Chennai

Center Choice 3

Category

Bangalore

Gender

Female

Age as on 31.01.2022

28 Years 3 Months 21 Days

Are you a Employee of ESIC?

No

Contact Details

Mobile Number

8281495281

Present Address

Address Line 1

Lakshmi Bhavan, Bala Bhavan road, m o ward

State

Kerala

Pin Code

688011

OBC(NCL)

Date of Birth (DD-MM-YYYY) same as Matriculation/ Secondary Certificate

10/Oct/1993

Are you Physically Handicapped (PH) (degree of disability 40% or above)?

No

Are you an Ex-Service man?

No

Duration of Service as on 31.01.2022

NaN Years NaN Months

Email ID

hemalatha.g1010@gmail.com

Country

India

City

Alappuzha

Permanent Address

Address Line 1

Lakshmi Bhavan, Bala Bhavan road, m o ward

Country

India

State

Kerala

City

Alappuzha

Pin Code

688011

Matriculation (10th) Details

Name of the Board/Council

CBSE

Year Of Passing

2009

Institute Name

SDV ENGLISH MEDIUM HIGHER SECONDRY SCHOOL

Subject Combination

Biology Maths

Please select any of the following

Percentage

Percentage of Marks

85.2

Intermediate (12th) Details

Name of the Board/Council

CBSE

Year Of Passing

2011

Institute Name

SDV ENGLISH MEDIUM HIGHER SECONDRY SCHOOL

Subject Combination

Biology Maths

Please select any of the following

Percentage

Percentage of Marks

87

Graduate Degree Details

Degree Name

MBBS Degree/Equivalent

Do you possess a recognised MBBS degree qualification or equivalent qualification on the crucial date as per detailed recruitment notification dated 14.12.2021 ?

Yes

Have you completed Compulsory Rotating Internship ?

Yes

Date of completed Compulsory Rotating Internship ?

14/07/2018

Institute Name

Karuna Medical Collage

Year Of Passing

2017

Percentage of Marks

61.6

Payment Details

Amount

250

Payment Mode

online

Payment Status

Successful

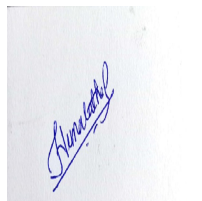
Payment Transaction No.

CPABHHVKJ8

Candidate Documents/Images Upload Details



Photo



Signature

Declaration

I hereby, solemnly declare that information provided by me in the form is true to the best of my knowledge and belief. I understand that my candidature is subject to the conditions laid down in the advertisement brochure. I further declare that I am not involved in any criminal case and/or no such case is pending against me in any court of law.

Version 14.03.01