APPLICATION FORM FOR THE POST OF SPECIALIST GR. II (JR./SR. SCALE) IN ESI CORPORATION-2025

Affix self-attested recent passport size photograph here
(photograph should be firmly pasted on this space and not stapled)

1. (a) State Applied For _____

   (b) Post applied for _____

   (c) Specialty applied for _____

2. Particulars of the Demand Draft/Banker's Cheque:

   (a) Amount Rs._____

   (b) Name & Branch of issuing bank _____

   (c) D.D. No. _____ dated_____

3. Name in full (in block letters) _____

4. Father's / Husband's Name _____

5. (a) Date of Birth (in figures) _____ _____

   (in words _____

   (b) Age as on closing date (i.e. **26.05.2025)** Year _____, Months _____,Days _____.

6. Nationality _____

7. Mailing address _____

   _____

   _____

   E-mail ID :- _____

   Mobile No:- _____

8. Aadhaar No:- _____

9. Permanent Address _____ _____

   (with telephone number) _____

   _____

10. Sex (write 1 for Male, 2 for Female & 3 for Transgender) _____

11. (i) (a) Whether Person With Disability (PWD)(Yes /NO) _____

    (b) If yes, percentage of Disability _____ _____

    (c) Nature of disability:- _____ _____

    (ii) (a) Whether Ex-Serviceman (Yes /No):- _____

    (b) If yes, Date of discharge from Armed Forces:-_____

(iii) (a) Whether ESIC / Central Govt. Employee (Yes/No):- _____

(b) If Yes, please mention whether ESIC or Central Govt. Employee :- _____

(c) Nature of employment (i.e Regular/Temporary/Adhoc/ Contractual/ Tenure Post) ____ _

_____.

(d) If in regular/permanent employment, whether applied for or obtained NOC from the present employer:- _____

12. Community to which applicant belongs :- _____

(Write 1 for SC, 2 for ST , 3 for OBC, 4 for EWS and 5 for General)

13. (a) ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS (MBBS Onwards) (Attach annexure, if necessary).

Name & Address of Institution	University	Duration		Degree/ Examination Passed	Subjects	Percentage of marks obtained
		From	To			

(b) Whether passed middle level examination in official language of the state concerned (Yes/No):- _____

If yes, please mention the language passed _____

14. 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	Period of service		Nature of Work /Specialty	Scale of Pay	Whether working on Regular Basis/ Contractual Basis/ Adhoc Basis/ Residency Scheme etc.
		From	To			

15. Registration No. and Date of Registration of MBBS or equivalent and Post Graduate Qualification (MS/MS/DNB/Diploma etc.) with the National Medical Council /State Medical Council:

Sl. No.	Qualification	Registration No.	Date of Registration	Name of Medical Council (NMC/ State Medical Council)

15.. List of enclosures : -

i. _____

ii. _____

iii. _____

iv. _____

v. _____

vi. _____

vii. _____

I hereby declare that all the statements 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 being found false or incorrect at any stage, my candidature/appointment shall be liable to be cancelled / terminated summarily without notice or 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.

If selected, I am willing to serve anywhere in India.

Place _____
Date _____

Signature of the Candidate

ANNEXURE-I

(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of village/town _____ in District/Division _____ in the _____ State/Union Territory _____ belongs to the _____ Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No._____ _____ dated _____*. Shri/Smt./Kumari_____ and/or his/her family ordinarily reside(s) in the_____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-Estt. (SCT,) dated 08.09.1993**. OM No. 36033/3/2004Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Date_____	District Magistrate/ Deputy Commissioner etc.
Seal of Office	

***-**	**The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.**
-	As amended from time to time.
Note:	The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

List of authorities empowered to issue Caste/Tribe Certificate Certificates:

i.	District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy. Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner/ Taluka Magistrate / Executive Magistrate.
ii.	Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
iii.	Revenue Officers not below the rank of Tehsildar.
iv.	Sub-Divisional Officers of the area where the applicant and or his family normally resides.

Note-I

a. The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

b. The authorities competent to issue Caste Certificate are indicated below:-

i. District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).

ii. Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.

iii. Revenue Officer not below the rank of Tehsildar

iv. Sub-Divisional Officer of the area where the candidate and/or his family resides.

Note-II The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

Note-III The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per **Annexure 'B'** above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

ANNEXURE-II

FORM OF DECLARATION TO BE SUBMITTED BY THE CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)

I……..……son/daughter of Shri……..resident of village/town/city……..…….district ..……..…..State……..….hereby declare that I belong to the ……..,community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36102/22/93 Estt (SCT) dated 8.09.1993. It is also declared that I have read and understood the instructions contained in the said DoP&T OM dated 8.09.1993, and OM No. 36033/1/2013-Estt.(Res.) dated 13.09.2017 and I have reasons to declare that I do not fall under OBC (Creamy Layer) category on the basis of income for the immediate preceding three financial years.

Signature…….……..

Full Name…..……

Address.....…....

ANNEXURE-III

Government of_____
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. Date:

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari_____ son/daughter/wife_____ of permanent resident of _____, Village/Street_____ Post. Office _____ District_____ in the State/Union Territory _____Pin Code_____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year_____ . His/her family does not own or possess any of the following assets*** :

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
Ill. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari _____belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office_____

Name_____

Designation_____

---

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.
**Note 2:The term 'Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of I8 years
***Note 3: The property held by a "Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

ANNEXURE-IV

THE FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES AND SCHEDULED TRIBES CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Shrimati/Kumari*..... son/daughter* of.....ofvillage/town*.....in District/Division*.....of the State/Union Territory*…… belongs to the.....caste/tribe* which is recognized as a Scheduled Caste/ Scheduled Tribe* under:—

@The Constitution (Scheduled Castes) Order,1950
@The Constitution (Scheduled Tribes) Order,1950
@The Constitution (Scheduled Castes) UnionTerritoriesOrder,1951
@The Constitution (Scheduled Tribes) UnionTerritoriesOrder,1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order,1956; the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment)Act,1976, the State of MizoramAct,1986,the State ofArunachalPradeshAct,1986andthe Goa, Daman and Diu (Reorganization) Act,1987.]

@The Constitution (Jammu and Kashmir) Scheduled Castes Order,1956
@ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order(Amendment)Act,1976
@ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
@ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
@The Constitution (Pondicherry)ScheduledCastesOrder,1964
@The Constitution (Uttar Pradesh)ScheduledTribesOrder,1967
@ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
@ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
@The Constitution (Nagaland)ScheduledTribesOrder,1970
@The Constitution (Sikkim)ScheduledCastesOrder,1978
@The Constitution (Sikkim)ScheduledTribesOrder,1978
@The Constitution (Jammu & Kashmir) Scheduled Tribes Order,1989
@The Constitution(SC)Order(Amendment)Act,1990
@The Constitution(ST)Order(Amendment) Act,1991
@The Constitution(ST)Order(Second Amendment)Act,1991
@The Scheduled Castes and Scheduled Tribes Orders (Amendment)Act2002
@The Constitution(Scheduled Castes)Order(Amendment)Act,2002
@The Constitution(ScheduledCastesandScheduledTribes)Orders(Amendment)Act,2002
@The Constitution (Scheduled Castes) Orders(Second Amendment)Act,2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/ Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati*..... Father/Mother of Shri/Shrimati /Kumari ..... of village/town* ..... in District/Division*..... of the State/Union Territory*..... who belongs to the caste/tribe* which is recognized as a ScheduledCaste/ScheduledTribeintheState/UnionTerritory*of..... issuedbythe.....dated.....

%3. Shri/Shrimati/Kumari*..... and/or* his/her* family Ordinarily resides in village/town*..... of ..... District/Division* oftheState/UnionTerritory*of.....

Place:

Signature.....

Date: **Designation.....

(With Seal of Office) State/Union Territory*

*Please delete the words which are not applicable.@Please quote specific Presidential Order.
%Delete the paragraph which is not applicable.

NOTE: The term “ordinarily reside(s)” used here will have the same meaning as in Section 20 of the Representation of the People Act,1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner. (not below of the rank of 1st Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
(iii) Revenue Officers not below the rank of Tehsildar.
(iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
(v) Administrator/Secretary to Administrator/Development Officer (Lakshadweep).

ANNEXURE-V

Form-V
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport Size Attested Photograph (Showing face only) of the person with disability

Certificate No..... Date:.....

This is to certify that I have carefully examined Shri /Smt. / Kum..... .... son/ wife/ daughter of Shri..... Date of Birth.....(DD/MM/YY) Age.....years, male/female.....Registration No. .....permanent resident of House No..... Ward/Village/Street .....Post Office.....District.....State .....whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness
  (Please tick as applicable)

(B)the diagnosis in his/her case is.....

(A) He/ She has.....% (in figure) .....percent (in words) permanent Locomotor Disability/dwarfism/blindness in relation to his/her.....(part of body) as per guidelines (.....number and date of issue of the guidelines to be specified).

2.The applicant has submitted the following document as proof of residence: -

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of Notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability certificate is issued.

ANNEXURE-V

Form-VI

Certificate of Disability

(In case of multiple disabilities)

[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport size Attested Photograph (Showing face only) of the person with disability

Certificate No.....Date: .....

This is to certify that we have carefully examined Shri/ Smt. /Kum.....son/wife/daughter of Shri.....

Date of Birth.....(DD)/(MM)/(YY).....Age ..... years,

male/female.....RegistrationNo.....

permanent resident of..... House No..... Ward/Village/Street.....

..... Post Office.....District.....

State.....whose photograph is affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability(in%)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (…….Number and date of issue of the guidelines to be specified), is as follows:-

In figures:-..... percent
In words:- .....percent

2. This condition is progressive/non-progressive/likely to improve/ not likely to improve.
3. Reassessment of disability is:

(i) Not necessary,

Or

(ii) is recommended/ after …….. years ……..months, and therefore this certificate shall be valid till ……..(DD)/(MM)/(YY)

@ e.g. Left/right/both arms/legs
# e.g. Single eye
£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

ANNEXURE-VI

Form-VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

[See rule 18(1)]

Recent Passport size Attested photograph (Showing face only) of the person with disability

Certificate No..... Date:.....

This is to certify that I have carefully examined Shri/Smt./Kum.....son/wife/daughter of Shri .....Date of Birth.....(DD)/(MM)/(YY) Age.....years, male/female.....Registration No .....permanent resident of House No.....Ward/Village/Street .....Post Office.....District.....State.....

Whose photograph is affixed above, and am satisfied that he/she is a case of.....disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No	Disability	Affected Part of body	Diagnosis	Permanent physical impairment/mental disability (in%)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of hearing	€		
9.	Speech and Language disability			
10.	Intellectual disability			
11.	Specific Learning disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive /non-progressive/ likely to improve /not likely to improve.

3. Reassessment of disability is :

(i) Not necessary

Or

(ii) Is recommended/after……years…… months, and there forth is certificate shall be valid till…… ……(DD)/(MM)/(YY)

@-eg. Left/Right/both arms/legs
#-eg. Single eye/both eyes
€-eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence: -

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned (Counter signature and seal of the Chief Medical Officer/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal))

Signature/Thumb Impression of the person in whose favour certificate of disability is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if counter signed by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

ANNEXURE-VI

CERTIFICATE TO BE PRODUCED BY SERVING /RETIRED /RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT BY UNION PUBLIC SERVICE COMMISSION OTHERWISE THAN ON RESULTS OF AN OPEN COMPETITIVE EXAMINATION

A. Form of Certificate applicable for Released /Retired Personnel

It is certified that .....No..... Rank..... Name.....whose date of birth is..... has rendered service from..... to …….. Army/Navy/Air Force.

2. He has been released from military services:

% a) on completion of assignment otherwise than
- (i) By way of dismissal, or
- (ii) By way of discharge on account of misconduct or inefficiency, or
- (iii) On his own request, but without earning his pension, or
- (iv) He has not been transferred to the reserve pending such release

% b) on account of physical disability attributable to Military Service.

% c) on invalidment after putting in at least five years of Military service

3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time

Place:.....

Date:.....

Signature, Name and Designation of the
Competent Authority**
SEAL

% Delete the paragraph which is not applicable.

B. **Form of Certificate for Serving Personnel**

(Applicable for serving personnel who are due to be released within one year)

It is certified that No……Rank…….Name..... is serving in the Army/Navy/Air Force from……

2. He is due for release retirement on completion of his specific period of assignment on……..

3. No disciplinary case is pending against him.

Place:.....

Date:.....

Signature, Name and Designation of the
Competent Authority**
SEAL

CANDIDATE (SERVING PERSONNEL) FURNISHING CERTIFICATE B AS ABOVE WILL HAVE TO GIVE THE FOLLOWING UNDERTAKING:

Undertaking to be given by serving Armed Force personnel who are due to be released within one year

I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

Place:

Date:

Signature and Name of Candidate

C. Form of Certificate applicable for Serving ECOs /SSCOs who have already completed their initial assignment and are on extended assignment

It is certified that No.....Rank.....Name.....whose date of birth is.....is serving in the Army/Navy/Air Force from.....

2. He has already completed his initial assignment of five years on..... and is on extended assignment till ……..

3. There is no objection to his applying for civil employment and he will be released on three months' notice on selection from the date of receipt of offer of appointment.

Place:

Date:

Signature, Name and Designation of the
Competent Authority**
SEAL

**Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows:

(a) In case of Commissioned Officers including ECOs/SSCOs.
Army - Military Secretary Branch,
Army Hqrs., New Delhi
Navy - Directorate of Personnel, Naval Hqrs., New Delhi
Air Force – Directorate of Personnel Officers, Air Hqrs., New Delhi

(b) In case of JCOs/ORs and equivalent of the Navy and Air Force.
Army - By various Regimental Record Offices
Navy-BABS, Mumbai
Air Force – Air Force Records, New Delhi

ANNEXURE-VII

THE FORM OF CERTIFICATE TO BE PRODUCED BY GOVERNMENT SERVANTS FOR CLAIMING AGE CONCESSION

(Letter Head of the Institution/Issuing Authority)

This is to certify that Shri/ Ms……S/o, D/o, W/o Shri……is a regularly appointed employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under

Certified that:

*(a) Shri/Smt./Kum. ..... holds substantively a permanent post of.....in the Office/Department of.....with effect from.....

*(b)Shri/Smt./Kum .....has been continuously in temporary service on aregular basis under the Central Government in the post of.....in the Office/Department with effect from.....

Signature.....

Name….....

Designation.....

Ministry/Office.....

Address….....

Office Seal .....

Place:.....

Date:.....