



**EMPLOYEES' STATE INSURANCE CORPORATION  
COLLEGE OF NURSING, GULBARGA**

[ Ministry of Labour & Employment, Govt. Of India]  
SEDAM ROAD, GULBARGA-585106

Email: deanmc-gb.kar@esic.nic.in

Tel. No.: 08472-265546/47/48

Fax No.: 08472-265545

APPLICATION FOR THE POST.....

1. Name of the Candidate : \_\_\_\_\_

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

3. Mother's Name : \_\_\_\_\_

4. Date of Birth as per SSLC Certificate : \_\_\_\_\_

5. Nationality : \_\_\_\_\_

6. Category (ST/SC/OBC/UR) : \_\_\_\_\_

7. Whether PH : YES/NO

8. Mobile Number : \_\_\_\_\_

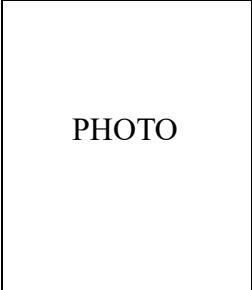
9. E-mail ID : \_\_\_\_\_

10. AADHAR No. : \_\_\_\_\_

10. Address (Permanent) : \_\_\_\_\_

11. Address for correspondence : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



12. Educational Qualification: (B.Sc. Nursing onwards)

Sl.No	Qualification	Specialty	Board/University	Percentage of Marks	Year of Passing

13. State Nursing Council Registration No: \_\_\_\_\_

Date of Expiry of Validity of Registration: \_\_\_\_\_  
(Must submit the proof for the same)

Name of the State Council Registered with: \_\_\_\_\_

14.Experience:

Sl.No	Name of the Institution	Designation	From	To	Total Duration in Y/M/D format	Nature of Responsibilities

15. Presently working as

a) Designation: \_\_\_\_\_

b) Name of the Institution: \_\_\_\_\_

16. Tentative date of joining (If selected):

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case any information found false/incorrect at later stages of the recruitment/appointment, I shall be liable to any action taken by the Dean, ESIC-MC, Gulbarga, Karnataka-585106.

Date & Place: \_\_\_\_\_ / \_\_\_\_\_

(Signature of Candidate)