

APPLICATION FORMAT

APPLICATION FOR THE POST OF **INSURANCE MEDICAL OFFICER / AUXILIARY NURSE
MIDWIFE** ON CONTRACT BASIS FOR A PERIOD OF 1(ONE YEAR) FOR ESI DISPENSARIES
UNDER 'TRIPURA EMPLOYEES STATE INSURANCE SOCIETY'

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To
The Chief Executive Officer,
The Tripura Employees State Insurance Society,
Shram Bhawan, Office Lane, Agartala.

Subject: Application for the post of Insurance Medical Officer

Reference No. : F.3(69-29)/TESIS/CEO/AGT/2021/_____ Dated, _____ / _____ / 2023

Sir,

I have the honour to state that

1. Name of the **Applicant** :
2. Gender :
3. Date of birth :
4. Father/Husband's name :
5. Nationality :
6. Religion & Caste :
7. Permanent Address :
8. Address for communication :
9. Educational Qualification :

Sl. No.	Name of the Examination	Name of the Recognized Board/University/Institution	Year of passing	Percentage of marks obtained	Remarks
1					
2					
3					
4					

10. Technical Qualification, if any :
11. Training, if any, attended :
12. Details of Service rendered / Experience :
13. Date of retirement from Govt. Service, if any:
14. Mobile No. :
15. e-mail address, if any :
16. Choice for place of posting, if any :

Declaration:

I do hereby declare that, all the information given above is true to the best of my knowledge and if any of the above information is found to be incorrect at later stage, I shall be liable to be disqualified and removed from the service after selection/joining.

Yours faithfully,

Date :

Place :

NB. Self attested all supporting documents shall have to be attached with the application