

**APPLICATION FOR THE POST OF INSURANCE MEDICAL OFFICER- II- IN ESI CORPORATION- 2025 FOR RECRUITMENT THROUGH PRATIBHA SETU PORTAL OF UPSC - CMSE-2024**

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

1. Name (in full) (in block letters): \_\_\_\_\_
2. Father's/Husband's Name: \_\_\_\_\_
3. Mother's Name \_\_\_\_\_
4. Date of Birth (in figures): \_\_\_\_\_  
(in words \_\_\_\_\_)
5. Aadhar No. \_\_\_\_\_
6. Category (UR/SC/ST/OBC/EWS) : \_\_\_\_\_
7. Whether Person with Benchmark Disability: (Yes/No) : \_\_\_\_\_  
If yes, type of Disability \_\_\_\_\_ : Percentage of Disability \_\_\_\_\_
8. Are you an Ex-Servicemen (Yes/No) : \_\_\_\_\_  
If yes, date of discharge from Armed Forces \_\_\_\_\_
9. Nationality \_\_\_\_\_
10. Email ID \_\_\_\_\_
11. Mobile No \_\_\_\_\_
12. (a) Correspondence address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(b) Permanent Address: \_\_\_\_\_  
(with telephone number) \_\_\_\_\_  
\_\_\_\_\_
13. Gender: \_\_\_\_\_
14. (i) Are you an ESIC / Govt. Employee (Yes/No): \_\_\_\_\_  
(ii) If Yes, please mention whether ESIC or Govt. Employee: \_\_\_\_\_  
(iii) Whether working on regular/contractual/adhoc/ Residency Scheme basis : \_\_\_\_\_

15. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS:  
(MBBS & above, if any)

Name & Address of Institution	University	Degree/Examination passed	Duration		Subjects	Percentage of marks obtained

16. DETAILS OF EMPLOYMENT

Name of the Organization (please specify whether Central Govt./State Govt./Public Sector/Autonomous Body/Private Sector)	Position held (s)	Period of service		Whether working on Regular Basis/Contractual Basis/Adhoc Basis/Residency Scheme etc.
		From	To	

17. Date of completion of Compulsory Rotating Internship: \_\_\_\_\_

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

(a) MBBS Qualification:

Registration No.: \_\_\_\_\_:Date of Registration:\_\_\_\_\_

Name of the Medical Council (NMC/State Medical Council): \_\_\_\_\_

(b) Post Graduate Qualification (MD/MS/DNB/Diploma etc.):

Registration No.: \_\_\_\_\_: Date of Registration: \_\_\_\_\_

Name of the Medical Council (NMC/State Medical Council): \_\_\_\_\_

19. UPSC ROLL NO FOR CMSE 2024 \_\_\_\_\_

20. FINAL MARKS IN CMSE 2024 \_\_\_\_\_

21. List of enclosures

i.	ii.
iii.	iv.
v.	vi.
vii.	viii.
ix.	x.

**i. I hereby give consent to the UPSC to share my final score in CMSE 2024 with the ESIC.**

ii. I hereby, solemnly declare that information provided by me in 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. 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 and I am not debarred from appearing in any examination for Government employment. I am willing to serve ESIC posted anywhere in India as per requirement of ESIC.

Place \_\_\_\_\_

Date \_\_\_\_\_

**Signature of the Candidate:** \_\_\_\_\_

**Annexure 'T'****(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 **OMNo.**

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.

- ~~The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the~~

Note: 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/  
~~1<sup>st</sup> 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**
- The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
  - The authorities competent to issue Caste Certificate are indicated below:-
    - District Magistrate/ Additional Magistrate/ Collector/ Dy. Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
    - Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate.
    - Revenue Officer not below the rank of Tehsildar
    - 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 'A'** above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

**Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)**

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 8-9- 1993. It is also declared that I do not belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 200, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27th May, 2013.

Signature:.....

Full Name:.....

Address

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\*\*\* :

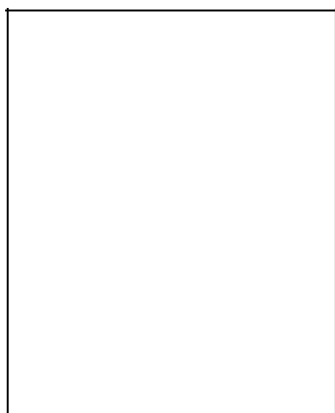
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

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 18 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.

**FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING FOR CIVIL POSTS UNDER EX-SERVICEMEN CATEGORY**

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/discharges 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 Services and Posts) Rules, 1979, as amended from time to time.

I further submit the following information:

- a) Date of appointment in Armed Forces \_\_\_\_\_
- b) Date of discharge \_\_\_\_\_
- c) Length of service in Armed Forces \_\_\_\_\_
- d) My last Unit/ Corps \_\_\_\_\_

Place:

Date:

(Signature of Candidate)

**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 ..... of village/town\* ..... in District/Division\* .....  
..... of .....  
..... the State/Union Territory\* ..... belong to the ..... caste/tribe\* which is  
recognised as a Scheduled Caste/Scheduled Tribe \*under:—  
@The Constitution (Scheduled Castes) Order, 1950  
@The Constitution (Scheduled Tribes) Order, 1950  
@The Constitution (Scheduled Castes) Union Territories Order, 1951  
@The Constitution (Scheduled Tribes) Union Territories Order, 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 Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the 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 (Dadra and Nagar Haveli) Scheduled Castes Order, 1962  
@ The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962  
@The Constitution (Pondicherry) Scheduled Castes Order, 1964  
@The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967  
@ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968  
@ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968  
@The Constitution (Nagaland) Scheduled Tribes Order, 1970  
@The Constitution (Sikkim) Scheduled Castes Order, 1978  
@The Constitution (Sikkim) Scheduled Tribes Order, 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) Act, 2002  
@The Constitution (Scheduled Castes) Order (Amendment) Act, 2002  
@The Constitution (Scheduled Castes and Scheduled Tribes) 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 Scheduled Caste/Scheduled  
Tribe in the State/Union Territory\* of .....  
Issued by the ..... dated .....

% 3. Shri/Shrimati/Kumari\* ..... and/or\* his/her\* family  
Ordinarily resides in village/town\* ..... of ..... District/Division\*  
Of the State/Union Territory\* of .....

Place:

Signature .....

Date:

\*\*Designation .....

(With Seal of Office) State/Union Territory\*



\*Please delete the words which are not [applicable.](#)@Please  
quotespecificPresidentialOrder.%Deletetheparagraphwhichisnotapplicable.

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/1<sup>st</sup>Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner. (not below of the rank of 1<sup>st</sup> 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).

Form-V  
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

[Seerule18(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.

## 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.

**Form-VII**

**Certificate of Disability**

(Incases 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 therefore his 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)

Counter signed (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.