



ESIC- POST GRADUATE INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND MEDICAL COLLEGE
 (A Statutory Body Under Ministry of Labour, Govt. of India)
 DIAMOND HARBOUR ROAD, P.O.: JOKA, KOLKATA-700 104
 An ISO 9001:2008 Certified

MEMBERSHIP FORM FOR NON-TEACHING EMPLOYEES

1. Name (in Block Letters) : _____

2. Employee Code: _____

3. Date of Birth: _____

4. Father's Name: _____

5. Date of Joining: _____

6. Designation: _____

7. Nature of Employment:

Regular	Deputation	Contract	Valid upto

9. Department/ School: _____

10. Residential Address: _____

11. Phone: Office _____ Residence _____ Mobile _____

12. E-Mail: _____

I have read the ESIC-PGIMSR & MC rules and agree to abide by them and shall obtain 'Clearance Certificate" from ESIC-PGIMSR & MC at the time of transfer/ leaving the College.

Date: _____ Signature of the Applicant _____

Recommendation of the Head of the Department/DEAN/NS
 He/ She may be enrolled as a member as ESIC-PGIMSR & MC services would benefit in the discharge of his/her duties. Undersigned vouchsafes for compliance of rules by the applicant.

Date: _____ Signature with Stamp HOD/DEAN

For ESIC-PGIMSR & MC Use
 Mr./Ms. _____ may be enrolled as member of ESIC-PGIMSR & MC.

Entered in Membership databases, valid up to _____
 Officer Circulation

Latest
stamp size
photo

Attested by HOD

LIBRARIAN

Note: - All Columns are compulsory, submit three photographs (two attach, one paste)

