



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 TEACHING EMPLOYEES

- 1. Name (in Block Letters) : _____
- 2. Employee Code : _____
- 3. Date of Birth : _____
- 4. Father's Name : _____
- 5. Date of Joining : _____
- 6. Designation: _____

Latest
stamp size
photo

Self Attested

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
 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.

LIBRARIAN

Entered in Membership databases, valid up to _____
 Officer Circulation