कर्मचारी राज्य बीमा निगम
(एवं रोजगार मंत्रालय श्रम), भारत सरकार
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)

क .नि .बी .रा .चिकित्सा महाविद्यालय एवं अस्पताल,
बिहटा, पटना- 801103
ESIC Medical College& Hospital,
Bihta, Patna- 801103
ई मेल/ Email: dean-bihta.bh@esic.nic.in

Format of Application

Candidates are advised to read the detailed advertisement carefully prior to filling the application form. The candidate must ensure that he/she has an active e-mail Id and Mobile number. The e-mail Id and the Mobile number are required to be preserved till publication of final result. The candidate must also ensure the availability of all the relevant documents/ certificates at the time of submitting scanned copy of application form in a ***single PDF*** *file.*

Candidate's Color Photo
The photograph of the candidate must contain his/ her full face, both ears and neck, in frontal view with a neutral, non-smiling expression and with open eyes directed at the camera.

This application form can be converted to "Word" format.

1. Advertisement No. **06** & Year **2024**

2. Post applied for:

3. Specialty in which applied & Full Time/ Part Time :

4. Name in CAPITAL letters:

5. Gender: Male/Female/Other

6. Father's/Husband's Name:

7. Date of Birth, Age as on Date of Interview:

X X

8. Qualifications (MBBS/MD/MS/DNB/other/DM/ M. Ch etc. with Certificates) Please add rows as per requirement in table.

Sl.	Qualifications	College	Board/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
1								
2								
3								
4								
5								

9. Experience (as per the post notified) Govt. /Pvt. Hospital/Institution (in Years / Months) with Certificates: Please add rows as per requirement in table.

Sl.	Position held	Institution	From	To	Total	Teaching/ Non-Teaching	Nature: Regular/ Contract
1							
2							
3							
4							
5							

10. List of Publications: (Only NMC approved Publications will be considered) Please add rows as per requirement in table:

Sl.	Title (Vancouver Style)	Author Position	Name of Journal	Name of Indexing Body
1				
2				
3				
4				
5				

11. NMC/State Medical Council (Tick √)

(i) Registration No.

(ii) Name of the State (If registered under State Medical Registration Council)

(iii) Date of Registration:

		X			X				

12. Contact No (Mobile):

13. E-mail (in CAPITAL letters):

14. Postal Address:

Post Office:

District:

State:

PIN:

15. Present working status:

(i) Name of the Employer:

(ii) Designation:

(iii) Date of Joining:

		X			X				

16. Marital Status: Single/ Married:

17. Nationality: Indian/ Other:

18. Mother Tongue:

19. Details of Identity Certificate (02 out of 03 are required):

(i) Aadhaar No:

(ii) Voter Id:

(iii) PAN:

20. Identification Mark:

21. Interview Fee submitted: Yes/ No?

If Yes, D. D. No.

Issuing Date: X X

Name of the D. D. issuing Bank:

Name of the Branch of the Bank:

DECLARATION:

I undertake that all the above information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me, if found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date: (Signature of Candidate)

Important (Read before filling forms)

- Incomplete application is liable to be rejected.
- Form should be filled by candidate in person with clear and CAPITAL letters.
- Photograph should be with clearly visible face, both ears & signed across.

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