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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

Candidate's Color Photo

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.

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9.	Age o	on 15		2025		N	1			D	A	Y	S	7									

10. Category of the Candidate (please write): UR/EWS/OBC/SC/ST:

11. Caste:

12. Post advertised under Category: (UR/ EWS/ OBC/ SC/ ST)



13. Qualifications (MBBS/MD/MS/DNB/PG Diploma/BDS/ MDS 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			University	1 0351115	obtained	Marias	111 70	
2								
3								
4								
5								
6								

14. Experience (as per the post notified) Govt. /Pvt. Hospital/Institution (in Years / Months) with Certificates:

			-	-	-		
Sl.	Position held	Institution	From	То	Total	Teaching/ Non-	Nature:
						Teaching	Regular/
						reaching	Regulary
							Contract
1							
1							
2							
4							
2							
3							
4							
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1				1	1		

15. List of Publications: (Only NMC approved Publications will be considered)

Sl.	Title (Vancouver Style)	Author Position	Name of Journal	Name of Indexing Body
1				
2				
3				
4				
5				
6				

- 16. NMC/State Medical Council/ Dental Council of India/ State Dental Council (Tick $\sqrt{}$)
 - (i) Registration No.

									-	-	a =

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

(iii) Date of Registration:

17. Contact No (Mobile):

18. E-mail (in CAPITAL letters):

											1	
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19. Postal Address:

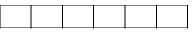
Post Office:

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State:

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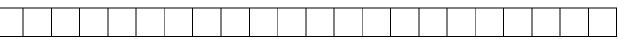
PIN:



20. Present working status:

(i) Name of the Employer:

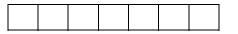
(ii) Designation:



(iii) Date of Joining:



21. Marital Status: Single/ Married:



22.	. Nationality: Indian/ Other:																				
23. N	Mothe	er To	ngue	:																	
24.	D	etails	of Ic	lenti	ty Ce	rtific	ate (02 ou	ıt of	03 ar	e req	uirec	l):								
([i)	Aa	dhaa	r No:																	
(ii)	Vo	ter Ic	l:																	
(iii)	PA	N:	1			1		-1												
25.	Id	entif	icatio	on Ma	ark:																
26.						cable	: Yes	/ No ⁻	?												
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							(!	SC/ST	/Fem	ale/ E	SIC (R	egular	Emple	oyee),	/, Def	ence	Ex-s	ervic	emen	& PH)	 <u> </u>
	If	Yes, I	D. D.	No.																	
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	Na	ame	of Bra	anch	of Ba	ank:															

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.

<u>Checklist</u>

List of documents which are to be submitted with Application Form.

Sl.	Name of Documents	Submitted: Yes/ No, If No, Reason?
1	Demand Draft of Rs. 500/- as Interview Fee, if applicable	
2	Admit Card/ Certificate of Class 10 th for Date of Birth	
3	All Marks Sheets of MBBS	
4	Attempt Certificate of MBBS	
5	Degree Certificate of MBBS	
6	All Marks Sheets of MD/MS/DNB	
7	Attempt Certificate of MD/MS/DNB Examination	
8	Degree Certificate of MD/MS/DNB Examination	
9	EWS/OBC/SC/ ST Certificate, when applicable	
10	NMC/ State Medical Council Registration Certificate (updated)	
11	Aadhaar Card	
12	Proof of Publications, Certificate of Training, Attendance in the Conference/ Workshop/ Seminar, if any	
13	NOC from Current Employer, if applicable	
14	Relieving Certificate from previous Employer, if applicable	
15	Experience Certificate, if applicable	
16	Any other	

Date:

Signature of Applicant:

Name of Applicant: