



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 The photograph of the

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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4.	Choi	ce of	Mod	e of a	appe	aring	g in ti	he In	terv	iew (Offlii	ne/0	nline	e):								
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9.	Cate	gory	ofth	e Car	ndida	ate (p	oleas	e wr	ite):	UR/H	EWS/	OBC	/SC/	ST:								

10. Caste:

11. 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				1 0000008			111 / 0	
2								
3								
4								
5								
6								

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

Sl.	Position held	Institution	From	То	Total	Teaching/ Non- Teaching	Nature: Regular/ Contract
1							
2							
3							
4							
5							
6							

13. 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				

14. NMC/State Medical Council/ Dental Council of India/ State Dental Council (Tick $\sqrt{}$)

(i) Registration No.

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

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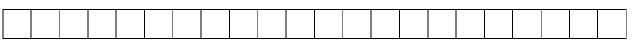
15. Contact No (Mobile):



17. Postal Address:

Post Office:

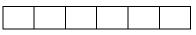
District:



State:

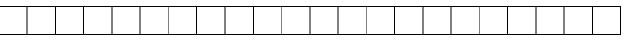


PIN:



18. Present working status:

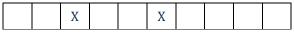
(i) Name of the Employer:



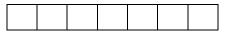
(ii) Designation:



(iii) Date of Joining:



19. Marital Status: Single/ Married:



20.	Nationality: Indian/ Other:
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21.	Mother Tongue:	

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

(i)		Aadhaar No:																
(ii)	Vot	er Id:															
(iii)	PAN	J:															
23.	Ide	entifi	catio	n Mar	·k:													
24.	In	tervi	ew Fe	ee: Ap	plica	ble: Y	es/ No	o?										
	IfY	les, D). D. N	lo.														
	Iss	uing	Date				Х			Σ	Κ							
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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 attached 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	Marks Sheets of MD/MS/DNB	
7	Attempt Certificate of MD/MS/DNB Examination	
8	Degree Certificate of MD/MS/DNB Examination	
9	Marks Sheets of DM/ M. Ch	
10	Attempt Certificate of DM/ M. Ch	
11	Degree Certificate of DM/ M. Ch	
12	NMC/ State Medical Council Registration Certificate (updated)	
13	Proof of Publications, Certificate of Training, Attendance in the Conference/ Workshop/ Seminar, if any	
14	Experience Certificate, if applicable	
15	NOC from Current Employer, if applicable	
16	Relieving Certificate from previous Employer, if applicable	
17	EWS/OBC/SC/ ST Certificate when applicable	
18	Aadhaar Card	
19	Any other	

Date:

Signature of Applicant:

Name of Applicant: