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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

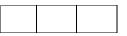
Candidates are advised to read the detailed advertisement carefully prior to filling the application form. The candidate must ensure that he/she has an active e-mail ID and Mobile number. The e-mail ID and the Mobile number are required to be preserved till publication of final result. The candidate 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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2.	Post	appli	ied fo	or:	-	-							-									
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3.	Depa	rtme	ent ir	ı whi	ch aj	oplie	d:		-						_			_				
4.	Choi	ce of	Mod	e of a	appe	aring	g in ti	he In	tervi	ew (Offliı	ne/0	nline	e):								
5.	Nam	e in C	CAPIT	ALle	tters	:																
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8.	Date	of Bi	rth, A	Age a	is on	Date	e of I	nterv	iew:	I				1		1						
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9.	Categ	gory	of th	e Car	ndida	ate (p	oleas	e wri	te): I	UR/E	EWS/	OBC	/SC/	ST:								

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



12. 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				0				
2								
3								
4								
5								
6								

13. 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							

14. 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				

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

(i) Registration No.

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

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(iii) Date of Registration:

16. Contact No (Mobile):

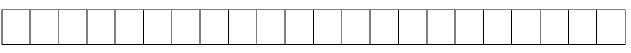
1	1			

17. E-mail (in CAPITAL letters):

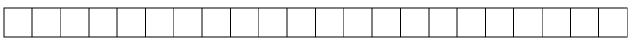
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18. Postal Address:

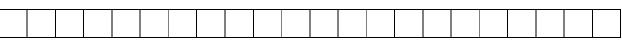
Post Office:



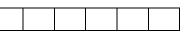
District:



State:



PIN:

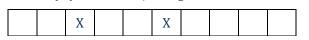


19. Present working status:

(i) Name of the Employer:

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(ii) Designation:



20. Marital Status: Single/ Married:

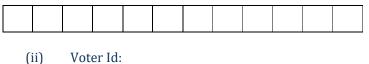
|--|--|--|--|--|--|--|--|

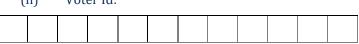
21. Nationality: Indian/ Other:

22. Mother Tongue:

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

(i)	Aadhaar No:
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(iii) PAN:

24. Identification Mark:

25. Interview Fee: Applicable: Yes/ No?



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Name of the Issuing Bank:							
Name of Branch of Bank:							

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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 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	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: