

.....



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

Advertisement No. 07 & Year 2024 Post applied for: S E N I O R R E S I D E N T Department in which applied: Choice of Mode of appearing in the Interview (Offline/ Online):				
S E N I O R R E S I D E N T Department in which applied:				
Department in which applied:				
Choice of Mode of appearing in the Interview (Offline/ Online):				
Choice of Mode of appearing in the Interview (Offline/ Online):				
_				
Name in CAPITAL letters:				
Gender: Male/Female/Other				
Father's/Husband's Name:				
attiet syfitusbanu's ivanie.			1	<u> </u>
Date of Birth, Age as on Date of Interview:				
<u> </u>				
X				

10. (Laste	<u> </u>																					
11. l	Post a	idve	rtised	d und	ler Ca	atego	ry: (UR/	EW	S/ (DBC/	SC/	ST										
Γ]	00	J - (/		., .	/	/)	•									
12. (ma/	BDS	/ M	DS	etc.	with	Cer	tificat	tes)				
						equir				ie:	17 -		c	1	N/ -	ılıc		Cot-1	- 1	Marile -	. ^	h ha	
Sl.	. Qualifications			ıs				Board/ University			Year of Passing				Mai btai	rks ined		Total Marks		Marks in %	A	ttem	pts
1																							
2																							
3																							
4																							
5																							
6																							
L	1													!			Į.						
13.		erier ifica		is pe	r the	post	noti	fied)	Gov	/t. /	Pvt.	Hosp	oital	l/In	stit	utio	n (in	Year	s / N	Ionth	s) wi	th	
Sl.	_		n helo	d	Instit	tution	1	Fr	om			То		Т	otal		Teaching/ No			n-	Nature: Regular/		
																	Teaching Regul Contr						
1																							
2																							
3																							
4																							
5							+																
6																							
14.	List	of P	ublica	ation	s: (0	nly N	MC a	appr	oved	d Pu	ıblic	ation	ıs w	ill k	oe c	onsi	dere	d)					
Sl.	7	itle	(Van	couv	er Sty	yle)	I	Autho	or Po	osit	ion		Naı	me	of Jo	ourn	al	N	lame	of In	dexii	ng Bo	dy
2																							
3																							
							_																
4																							
5																							
6																							
15.	NN	/C./S	tate	Medi	cal C	ounc	il/ D	enta	l Co	unc	il of	Indi:	a / S	tate	e De	ntal	Com	ncil (Tick	-√1 -√1			
201	(i)				tion N		, D	J1100	_ 00		01		., 5				Jour	(,			
	(-)																ı	1		1	1	1	1

	(i	i)	Name of the State (If registered under State Medical Registration Council)																	
	(i	ii)	Dat	e of F	Regist	tratio	n:													
		X			X															
16.	Co	ontac	t No	(Mob	oile):	1	1			\neg										
17.	E-	-mail	(in C	APIT	`AL le	etters	s): 						1	1						1
18.	Po	ostal A	Addre	ess:						1		1			1		1			
	Post Office:																			
	D	iatwia	L .													1	1			
	Д	istric	t:																	1
	St	tate:			ı												1	1		ı
	P	IN:																		
19.	P	resen			g stati															
	(i)	Nan	ne of	the E	Emplo	oyer:		1			Π		1	1		T	1		ſ
	(i	i)	Des	ignat	ion:															
	(i	ii)	Dat	e of J	oinin	g:														
		X			X															

20.	M	arital	Stati	us: Sii	ngle/	Marı	ied:															
							7															
21.	Na	ation	ality:	India	n/ 01	ther:	_															
22.	Mothe	er To	ngue:					F				1				-						
23.	D(i)		of Id dhaar	entity · No:	/ Cert	tificat	te (02	2 out	of 0	3 a:	re re	quire	ed):									
	(ii)	Vot	ter Id	:				<u></u>					1									
	(iii)	PA	N:																			
24.	Id	entif	icatio	n Ma	rk:					1												
25.	Ir	iterv	iew F	ee: A _l	pplica	able:	Yes/	No?	-				<u> </u>]	-	•		•			+	
	*6				Г									_								
	lf	Yes, I	D. D. I	No.																		
	Iss	suing	Date):				X			X	,										
	Na	ame (of the	Issui	ng Ba	ank:																
	Na	ame o	of Bra	ınch o	of Bar	ık:																
	Ιι	ındeı	take	that a	all the	e abo	ve in	form	DE atio	CL/ n gi	ARA] ven a	TION above	<u>:</u> e bv 1	me is	corr	ect t	o the	e bes	st of r	ny kn	owle	dge

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 10th 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	

14	applicable		
15	Experience Certificate, if applicable		
16	Any other		
Date		ature of A	Applicant: icant: