

.....



**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**

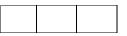
Candidates are advised to read the detailed advertisement carefully prior to filling the application form. The candidate must ensure that he/she has an active e-mail ID and Mobile number. The e-mail ID and the Mobile number are required to be preserved till publication of final result. The candidate 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.

						<u>olicati</u>			can	be co	onvei	rted 1	to "W	ord"	<mark>form</mark>	<mark>ıat.</mark>		can his fi ne ex	didate / her j ears a rontal eutral, epress en eye	e mus full fa nd ne view non-, ion ai	with a smilin nd with ected a	ain th a g h
I	Adve	rtise	ment	t No.	80	8	& Y	lear		202	24						L					
I	Post	appli	ied fo	or:																		
	Р	R	0	F	E	S	S	0	R													
T	Done	ntra	nt in	white	ah ar	oplied	ı.					<u>.</u>										
I	Depa	rune	ent m	wille	en ap	opneo		1	T					1		T	T		1			
. (	Choic	ce of	Mode	e of a	ppea	aring	in tl	he In	terv	iew	(Offli	ne/ (	Onlin	e):								
[																						
ו	Nam	o in (	CAPIT	ALIO	tore																	
I	Nain			ALIE	llei S	·.			1													
r																						
(	Gend	er: M	/lale/	Fema	ale/0	Other																
[																						
Ī	Fathe	er's/	Husb	and's	: Nar	me																
I [		.1 3/	11435		, ivai																	T
ŀ																						<u> </u>
Ι	Date	of Bi	rth, A	Age a	s on	Date	of Iı	nterv	view	:												
[			Х			Х																
L	<u> </u>		ofth	Carr	dida	ite (p	lacc	0.1	ital	110 /	EWE			CT.								

10. Caste:

										1
										1
										1

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.

_											

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

. Г												
											1 1	
											1 1	1
											1 1	1
											1 1	

(iii) Date of Registration:

#### 16. Contact No (Mobile):

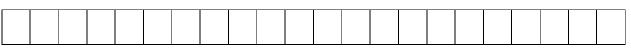
1	1			

17. E-mail (in CAPITAL letters):

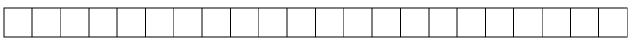
1												1
												1
i												1
												1
												1
L												·

#### 18. Postal Address:

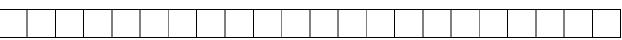
Post Office:



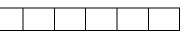
District:



State:



PIN:

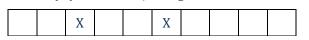


19. Present working status:

(i) Name of the Employer:

											(
											i i
											i i
											i i
											1
-											

(ii) Designation:



#### 20. Marital Status: Single/ Married:

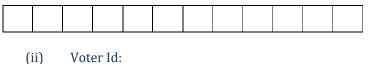
|--|--|--|--|--|--|--|--|

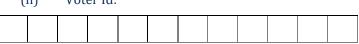
21. Nationality: Indian/ Other:

#### 22. Mother Tongue:

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

(i)	Aadhaar No:
-----	-------------





(iii) PAN:

#### 24. Identification Mark:

25. Interview Fee: Applicable: Yes/ No?



Х



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

Х

#### **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 <sup>th</sup> 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: