



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.

1.	09 2025										Candidate's Color Photo The photograph of the candidate must contain his/ her full face, both ears and neck, in frontal view with a neutral, non-smiling expression and with open eyes directed at the camera.											
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7.	Fathe	r's/H	usba	nd's N	Vame	:												-		-1		
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9.	Age of	n 15.0)6.20	25:																		
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10.	Categ	ory o	f the	Candi	idate	(plea	ase w	rite):	UR/	EWS/	OBC,	/SC/S	T: [
11.	Caste:						-						L									

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

13. Qualifications (MBBS/MD/MS/DNB/PG Diploma/BDS/ MDS etc. with Certificates) Rows may be added as per requirement.

Sl.	Qualifications	College	Board/	Year of	Marks	Total	Marks	Attempts
			University	Passing	Obtained	Marks	in %	
1								
2								
3								
4								
5								

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

Sl.	Position held	Institution	From	То	Total- in years	Teaching/ Non- Teaching	Regular/ Contract
1							
2							
3							
4							
5							

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				

16. Details of Paper/Oral/ Poster presentation in Conference:

Sl.	Title of Presentation	Year	State/ National/ International	Oral/Poster
1				
2				
3				
4				
5				

17. Details of Special Training in concerned speciality:

Sl.	Name of Training	Year	Name of Conducting Body
1			
2			
3			
4			
5			

Sl. 1		N	ame c	of Sub	ject		Pa	ssing	Yea	r	Obtained marks in Percentage (Hons.)								A	Award, if any			
2																							
3																							
4																							
19.	NI	MC/S	tate M	Iedica	l Cou	ncil/	Denta	al Cou	ıncil	of I	India/ State Dental Council (Tick $$)												
	(i)		Regi	strati	on No									-				T				-	- 1
	(ii)	Nam	e of tl	ne Sta	ate (If	regis	tered	l und	ler S	tate	e Me	dical	Regis	strati	on Co	unci	l)					
	(ii	(iii) Date of Registration																					
		Х			Х																		
20.	Со	ntact	: No (I	Mobile	e):																		
21.	E-:	mail ((in CA	PITAI	L lette	ers):																	
22.	Ро	stal A	ddress	:																			
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23.																							
23.	Present working status: (i) Name of the Employ						er:																
	(ii)	Desi	gnatio	on:											<u> </u>	<u> </u>						
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	(ii	i)	Date	of Joi	ning																		
	(II	X	Date		X																		
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18. Details of Award/ Distinction/ Honours in the Subject:

24.	М	arital	Statu	ıs: Sir	ngle/	Marr	ied:																	
25.	N	ationa	ality:	India	n/ Ot	her:																		
26.	Mothe	er Ton	gue:																					
27.	D (i)	etails Aad	of Ide dhaar		r Cert	ificat	e (02	outo	of 03	are	rec	quired	ł):											
	(ii)	Vot	ter Id	:						1														
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28.	Id	entifi	catio	n Mai	rk:			1									1		-					
29.	Iı	ntervi	ew Fe	ee: Ap	oplica	ble: Y	Yes/	No?		[
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	ap	plica	ble, tl	nen r	easor	1:																		
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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	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: