



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

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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.

1.	This application form can be converted to "Word" format. This application form can be converted to "Word" format. 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.
2.	Department in which applied:
3.	Name in CAPITAL letters:
4.	Gender: Male/Female/Other
5.	Father's/Husband's Name:
6.	Date of Birth, Age as on Date of Interview:
7.	Category of the Candidate (please write): UR/EWS/OBC/SC/ST:
8.	Caste:
9.	Post Notified Under Category: (UR/ EWS/ OBC/ SC/ ST)

10. 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	Division	Attempts
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

11. 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
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

12. 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				
7				
8				
9				
10				

13. NMC/State Medical Council/ Dental Council of India/ State Dental Council

	(i)		Regi	strat	ion N	lo.										
	(ii)Dat	e of R	egist	ratio	on:										
		Х			Х											
14.	Со	ntac	t No ([Mob	ile):											
15.	E-:	mail	(in C	APIT	AL le	etters	:):									
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17.	Pr	esen	t wor	·king	stati	us:										
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	(ii		Date	e of Jo		g:										
		Х			Х											
18.	Ma	arita	l Stati	us: S	ingle	e/ Ma	rrie	d:								

19.	Ν	ation	ality	: Indi	ian/	Other	3												
20.	M	othe	rTon	gue:															
21.	21. Details of Identity Certificate (02 out of 03 are required):(i) Aadhar No:																		
				110.															
((ii)	Vo	ter Io	d:															
((iii)	PA	N:																
22.	Ic	lentif	ficati	on M	ark:														
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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.

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