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क .नि .बी .रा .चिकित्सा महाविद्यालयएवं अस्पताल, बिहटा, पटना- 801103 **ESIC Medical College& Hospital,** Bihta,.Patna- 801103 ई मेल/ Email: dean-bihta.bh@esic.nic.in

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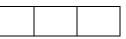
Format of Application

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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10. Caste:

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/	Year of	Marks	Total	Marks	Attempts
			University	Passing	Obtained	Marks	in %	
1								
2								
3								
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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							
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14. List of Publications: (Only NMC approved Publications will be considered)

Sl.	Title (Vancouver Style)	Author Position	Name of Journal	Name of Indexing Body
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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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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 required documents 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	

Date:

Signature of Applicant:

Name of Applicant: