



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय), भारत सरकार
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)
वेबसाइट/ Website: mcpatna.esic.gov.in



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.

This application form can be converted to "Word" format.

*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.*

1. Advertisement No. **10** & Year **2025**

2. Post applied for: **Adjunct/Visiting faculty**

3. Department in which applied:

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4. Name in CAPITAL letters:

5. Gender: Male/Female/Other

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6. Father's/Husband's Name:

7. Date of Birth, Age as on Date of Interview:

		X			X				
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8. Qualifications : (Please add rows in table as per requirement)(MBBS onward)

Sl.	Qualifications	College	Board/ University	Year of Passing	Marks Obtained

9. Experience (as per the post notified) Govt. / Pvt. Hospital/ Institution (in Years / Months) with Certificates: (Please add rows in table as per requirement)

Sl.	Position held	Institution	From	To	Total (Yrs, Months)	Teaching/ Non-Teaching	Regular/ Contract

16. Nationality: Indian/ Other:

17. Mother Tongue:

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

(i) Aadhaar No:

(ii) Voter Id:

(iii) PAN:

19. Identification Mark:

20. Category of the Candidate (please write):
(UR/EWS/OBC/SC/ST)

21. Interview Fee: Applicable: Yes/ No?

If Yes, D. D. No.

Issuing Date:

Name of the Issuing Bank:

Name of Branch of Bank:

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.

XXX

Checklist

List of documents which are to be submitted with Application Form.

Sl.	Name of Documents	Submitted: Yes/ No, If No, Reason?
1.	Admit Card/ Certificate of Class 10 th for Date of Birth	
2.	Degree Certificate of MBBS	
3.	MD/MS/DNB/ Other certificate	
4.	NMC/ State Medical Council Registration Certificate (updated)	
5.	Aadhaar Card & PAN card	
6.	Experience Certificate	
7.	Any other	

Date:

Signature of Applicant:

Name of Applicant: