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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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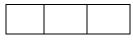
Candidate's Color Photo

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.

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



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/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
1								
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-	Nature:
						Teaching	Regular/ Contract
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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
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2				
3				
4				
5				
6				

15. NMC/State Medical Council/ Dental Council of India/ State Dental Council (Tick $\sqrt{}$)

(i) Registration No.

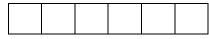
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(ii) Name of the State (If registered under State Medical Registration Council)

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20. Marital Status: Single/ Married:

21. Nationality: Indian/ Other:

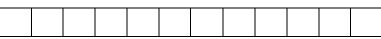


22. Mother Tongue:

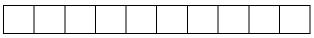
23. Details of Identity Certificate (02 out of 03 are required):

(i) Aadhaar No:

(ii) Voter Id:



(iii) PAN:



24. Identification Mark:

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>

Following documents should be submitted with application form.

Sl.	Name of Documents	Submitted: Yes/ No, If No, Reason?
1	Admit Card/ Certificate of Class 10th for Date of Birth	
2	All Marks Sheets of MBBS	
3	Attempt Certificate of MBBS	
4	Degree Certificate of MBBS	
5	Marks Sheets of MD/MS/DNB	
6	Attempt Certificate of MD/MS/DNB Examination	
7	Degree Certificate of MD/MS/DNB Examination	
8	EWS/OBC/SC/ ST Certificate when applicable	
9	NMC/State Medical Council Registration Certificate (updated)	
10	Aadhaar Card	
11	Proof of Publications, Certificate of Training, Attendance in the Conference/ Workshop/ Seminar, if any	
12	NOC from Current Employer, if applicable	
13	Relieving Certificate from previous Employer, if applicable	
14	Experience Certificate, if applicable	
15	Any other	

Date:

Name of Applicant:

Signature of Applicant: