

E.S.I.C.

कर्मचारी राज्य बीमा निगम (श्रम एवं रोजगार मंत्रालय, भारत सरकार) EMPLOYEES' STATE IN SURANCE CORPORATION (Ministry of Labour & Employment, Govt. of India)



चिकित्सा महाविद्यालय एवं चिकित्सालय Medical College and Hospital पाण्डेयपु, वाराणसी – 221002 Pandeypur, Varanasi Emall-dean-varanasi.up@esic.gov.in Website: www.esic.gov.in, <u>www.Varanasihospital.esic.gov.in</u>

## **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.

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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								
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- Teaching	Nature: Regular/ Contract
1							
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
1				
2				
3				
4				
5				
6				

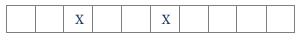
#### 15. NMC/State Medical Council/ Dental Council of India/ State Dental Council (Tick $\sqrt{}$ )

#### (i) Registration No.

1										

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

(iii) Date of Registration:



### 16. Contact No (Mobile):



## 17. E-mail (in CAPITAL letters):

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#### 18. Postal Address:

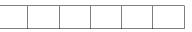
Post Office:



District:

State:

PIN:



## 19. Present working status:

(i) Name of the Employer:

													1
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(ii) Designation:





#### 20. Marital Status: Single/ Married:

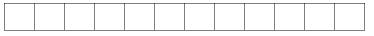
21. Nationality: Indian/ Other:

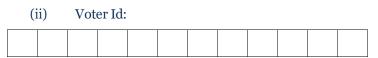
#### 22. Mother Tongue:

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

#### (i) Aadhaar No:





(iii) PAN:

#### 24. Identification Mark:

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#### 25. Interview Fee: Applicable: Yes/ No?

If Yes, D. D. No.									
Issuing Date:		X		Х					
Name of the Issuing Ba	nk:								
Name of Branch of Ban	k:								

#### **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 10th 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	Aadhar 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	Anyother	

Date:

## Signature of Applicant:

## Name of Applicant: