कर्मचारी राज्य बीमा निगम
(एवं रोजगार मंत्रालय श्रम), 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. 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.*

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.

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

1. Advertisement No. **11** & Year **2024**

2. Post applied for: **T U T O R**

3. (i) Department in which applied: Choice: 1st

   (ii) Department in which applied: Choice: 2nd

   Important Note: *If you are applying for only one department then strike out the 2nd options.*

4. Name in CAPITAL letters:

5. Gender: Male/Female/Other

6. Father's/Husband's Name:

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

		X			X				

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

Sl.	Qualifica-tions	College	Board/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempt
				1st Prof. MB				
				2nd Prof. MB				
				Final Prof.- Part- I				
				Final Prof.- Part- II				

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

10. NMC/ State Medical Council Registration (Tick √)

    (i)   Registration No. (Permanent/ Provisional): Tick √ as applicable.

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

    (iii)   Date of Registration:

		X			X				

11. Contact Number (Mobile):

12. E-mail (in CAPITAL letters):

13. Postal Address:

    Post Office:

    District:

    State:

    PIN:

14. Present working status:

    (i)   Name of the Employer:

    (ii)   Designation:

(iii)   Date of Joining:

		X			X			

15.   Marital Status: Single/ Married:

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:

		X			X			

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	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	NMC/ State Medical Council Registration Certificate (updated)	
7	EWS/OBC/SC/ ST/ PH Certificate when applicable	
8	Aadhaar Card	
9	Experience Certificate, if applicable, if any	
10	NOC from Current Employer, if applicable	
11	Relieving Certificate from previous Employer, if applicable	
12	Any other	

Date: Signature of Applicant:

                                         Name of Applicant: