



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



क. रा. बी. नि. चिकित्सा महाविद्यालय एवं अस्पताल,
बिहार, पट्टना- 801103
ESIC Medical College & Hospital,
Bihta, Patna- 801103
ई-मेल/ Email: dean-bihta.bh@esic.gov.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.*

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. **03** & Year **2026**

2. Post applied for:

S E N I O R R E S I D E N T

3. Department in which applied:

4. Choice of Mode of appearing in the Interview: (Offline only):

O F F L I N E

5. Name in CAPITAL letters:

6. Gender: Male/ Female/ Other

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7. Father's/ Husband's Name:

8. Date of Birth:

_____ **X** _____ **X** _____

9. Age on 12.02.2026:

Y M D A Y S

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

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11. Caste:

12. Post advertised under Category: (UR/ EWS/ OBC/ SC/ ST)

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13. Qualifications (MBBS/MD/MS/DNB/PG Diploma/BDS/ MDS etc. with Certificates)
Rows may be added as per requirement.

Sl.	Qualifications	College	Board/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
1								
2								
3								
4								
5								

14. Experience (as per the post notified) Govt. /Pvt. Hospital/Institution (in Years / Months) with Certificates:

Sl.	Position held	Institution	From	To	Total-in years	Teaching/ Non-Teaching	Regular/ Contract
1							
2							
3							
4							
5							

15. 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				

16. Details of Paper/Oral/ Poster presentation in Conference:

Sl.	Title of Presentation	Year	State/ National/ International	Oral/ Poster
1				
2				
3				
4				
5				

17. Details of Special Training in concerned speciality:

Sl.	Name of Training	Year	Name of Conducting Body
1			
2			
3			
4			
5			

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 10 th 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	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: