
 <p>कर्मचारी राज्य बीमा निगम (श्रम एवं रोजगार मंत्रालय, भारत सरकार) EMPLOYEES' STATE INSURANCE CORPORATION (Ministry of Labour & Employment, Govt. of India)</p>	 <p>कर्मचारी राज्य बीमा निगम चिकित्सा महाविद्यालय एवं अस्पताल ESIC Medical College & Hospital नामकुम, राँची, झारखंड - 834010 Namkum, Ranchi, Jharkhand - 834010 Phone : 0651-2261919 Email : dean-ranchi.jh@esic.gov.in Website : www.esic.gov.in / www.esic.in</p>
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File No. 602/A/12/16/ESH/2025

Date: 01/09/2025

WALK IN INTERVIEW

ADVERTISEMENT No.: 07 OF 2025

FORMAT OF APPLICATION

(Fill form with black/blue ball pen in BLOCK LETTERS and to be scanned and mailed to dean-ranchi.jh@esic.gov.in)

- Post applied for (Faculty with post/Senior Resident) :-
- Name in Block letters :
- Father's/ Husband name :
- Date of Birth :
- Age as on (Date of Interview) :
- Category (please tick): SC /ST /OBC /EWS /PwD :
- Post Notified Under Category :
- Qualifications (MBBS/MD/MS/DNB/PG/ Diploma etc. with certificates)

Affix recent self-attested passport size photograph

Please add rows and columns as per requirement in table:-

Sl. No.	Qualifications	Board/University	Year of Passing	Marks	Division	Attempts

Experience (as per the post notified) Govt./Pvt. Hospital/Institution (____years/____months) with Certificates:

- 1.
- 2.
- 3.
- 4.

Whether candidate/APPLICANT is under bond in other Institution – mention the period: Yes / No

If yes, after selection, joining time required / NOTICE PERIOD REQUIRED (if any): _____.

- MCI/State Regn. No.:
- Telephone No: _____ Mobile: _____
- Email: _____
- Permanent Address:
- Present Residential Address:
- Marital Status:
- Nationality & Mother Tongue:
- Aadhar No:
- 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 found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

Place:

(Signature of the Candidate)

Checklist of enclosures attached:

- | | |
|--|-----------|
| 1. Date of Birth Certificate (Matriculation) | : Yes/No |
| 2. Proof of Identity (Aadhaar/PAN Card/Driving License/other) | : Yes/No |
| 3. UG Certificate | : Yes/No |
| 4. Diploma/PG Certificate | : Yes/No |
| 5. MCI/ State Registration Certificate | : Yes/ No |
| 6. Experience Certificate/NOC, if applicable | : Yes/ No |
| 7. Research Publications, if applicable | : Yes/No |
| 8. Caste Certificate (SC/ST/OBC/EWS/Pwd) (latest, if applicable) | : Yes/ No |
| 9. Residential Address Proof | : Yes/No |

Important

(Read Before filling the form)

- Only one form should be filled by candidate for each applied post.
- Forms should be filled by candidate with clear and bold letters.
- Photographs should be with clearly visible face, both ears & signed across the photograph.
- All documents with self-attestation must be scanned and sent as **PDF ONLY** arranged in sequence as per **check list latest by due date as per Notification**.
- Canvassing in any form will debar the candidature at any stage.
- Appointment letter will be issued on the day of announcement of results.
- **All candidates should report on the date of interview at the venue at 09:00 AM for document verification.**

Dean