

(श्रम एवं रोजगार मंत्रालय, भारत सरकार) EMPLOYEES' STATE INSURANCE CORPORATION (Ministry of Labour & Employment, Govt. of India)



चिकित्सा महाविद्यालय एवं चिकित्सालय Medical College and Hospital पाण्डेयपु, वाराणसी – 221002 Pandeypur, Varanasi

Email-dean-varanasi.up@esic.gov.in

Website: www.esic.gov.in, www.Varanasihospital.esic.gov.in

E.S.I.C.

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.

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

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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.

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	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	Any other	

14	Relieving Certificate from previous Employer, if applicable	
15	Experience Certificate, if applicable	
16	Any other	
Date:	Signature of Name of App	