



क.रा.बी.नि.

E.S.I.C.

कर्मचारी राज्य बीमा निगम
(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
पाण्डेयपुर, वाराणसी - 221002
Pandeypur, Varanasi
Email - dean-varanasi.up@esic.gov.in
Website: www.esic.gov.in, www.Varanasihospital.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.

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:

09/2025

2. Post applied for:

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3. Department in which applied:

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

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5. Name in CAPITAL letters:

6. Gender: Male/Female/Other

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7. Father's/Husband's Name:

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

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

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10. Caste:

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

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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/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
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	To	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 ✓)

(i) Registration No.

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20. Marital Status: Single/ Married:

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21. Nationality: Indian/ Other:

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22. Mother Tongue:

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

(i) Aadhaar No:

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(ii) Voter Id:

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(iii) PAN:

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24. Identification Mark:

25. Interview Fee: Applicable: Yes/ No?

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If Yes, D. D. No.

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Issuing Date:

		X		X			
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Name of the Issuing Bank:

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Name of Branch of Bank:

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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.

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	

Date:

Signature of Applicant:

Name of Applicant: