



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



क.रा.वी.नि. चिकित्सा महाविद्यालय एवं अस्पताल  
पुरुलिया रोड, नामकुम, रांची- 834010  
E.S.I.C. MEDICAL COLLEGE AND HOSPITAL  
PURULIA ROAD, NAMKUM, RANCHI- 834010  
Phone: 0651- 2960367 Email: dean-ranchi.jh@esic.gov.in  
www.esic.gov.in www.ranchihospital.esic.gov.in

**FORMAT OF APPLICATION FOR THE ADVERTISEMENT No. 10 OF 2025**

**(Fill form with black/blue ball pen in BLOCK LETTERS only and mail the scanned copy to dean-ranchi.jh@esic.gov.in or send the original through speed post/ deliver by hand along with requisite documents)**

1. Post applied for :-
2. Name of Department :-
3. Name in Block letters :-
4. Father's/Husband's name :-
5. Date of Birth :-
6. Age as on (Date of Interview) :-
7. Category (please tick):- UR/SC /ST /OBC(NCL)/EWS
8. Ex- Servicemen if Applicable:-
9. Disability Category, if Applicable:-
10. Post Notified Under Category :
11. Education Qualifications (10th/12th/MBBS/MD/MS/DNB/PG/ Diploma, etc. with certificates)
12. Please add rows and columns as per the requirement in the table:-

Affix recent self attested passport size photograph

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

13. Experience details with Certificates:

Sr. No.	Post	Type of Institution (Govt./PSU/Pvt).	Name of Institute	From	To	Total Period	Certificate No.

14. Whether the candidate/APPLICANT is under bond in another Institution:- Yes / No  
 If yes, mention the period:- \_\_\_\_\_ after selection, joining time required / NOTICE PERIOD REQUIRED (if any): \_\_\_\_\_ MCI/State Regn. No.:

15. Permanent Address: \_\_\_\_\_

16. Present Residential Address: \_\_\_\_\_

17. Identification Mark: \_\_\_\_\_

18. Telephone No/Mobile No.: \_\_\_\_\_ 21. Nationality: \_\_\_\_\_

19. Email: \_\_\_\_\_ 22. Mother Tongue: \_\_\_\_\_

20. Marital Status: \_\_\_\_\_ 23. Aadhar No: \_\_\_\_\_

**24. Checklist of enclosures attached:-**

Sr. No	Name of Certificate	Certificate No.

**Important Note (Read Before filling the form)**

- Only one form should be filled by a candidate for each applied post.
- Forms should be filled by candidates with clear and bold letters.
- Photographs should be with a clearly visible face, both ears and 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.
- An 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.**

**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 is found wrong at any stage, my candidature for the post will automatically stand cancelled.

**Date:**

**Place:**

**(Signature of the Candidate)**

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