



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



क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
 पुरुलिया रोड, नामकुम, राँची- 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. 04 OF 2026

(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 |
|--------|----------------|------------------|-----------------|-------|----------|----------|
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13. Experience details with Certificates:

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