



新訂新編

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  
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पांडेयपुर, वाराणसी - 221002  
**Pandeypur, Varanasi**  
Email- [dean-varanasi@esdlc.gov.in](mailto:dean-varanasi@esdlc.gov.in),  
Website: [www.esdl.gov.in](http://www.esdl.gov.in), [www.Varanasihospital.esdl.gov.in](http://www.Varanasihospital.esdl.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:	<b>01/2026</b>	<i>open eyes directed at the camera.</i>													
2. Post applied for:															
3. Department in which applied:															
4. Choice of Mode of appearing in the Interview (Offline/ Online):															
5. Name in CAPITALletters:															
6. Gender: Male/Female/Other															
7. Father's/Husband's Name:															
8. Date of Birth, Age as on Date of Interview:	X		X												
9. Category of the Candidate (please write): UR/EWS/OBC/SC/ST:															

#### 10. Caste:

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:

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.

(ii) Name of the State (If registered under State Medical Registration Council)

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(iii) Date of Registration:

		X			X			
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16. Contact No (Mobile):

17. E-mail (in CAPITAL letters):

18. Postal Address:

**Post Office:**

**District:**

\_\_\_\_\_

State:

PIN:

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19. Present working status:

(i) Name of the Employer:

(ii) Designation:

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(iii) Date of Joining:

		X			X				
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## 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 <sup>th</sup> 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: