



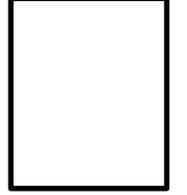
कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
EMPLOYEES' STATE INSURANCE CORPORATION  
(Ministry of Labour & Employment, Govt. of India)  
वेबसाइट/ Website: [www.esic.gov.in](http://www.esic.gov.in)



क. रा. बी. नि. चिकित्सा महाविद्यालय एवं अस्पताल,  
पाण्डेयपुर, वाराणसी, - 221002  
**ESIC Medical College & Hospital,**  
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मेल/ Email: [dean-varanasi.up@esic.gov.in](mailto:dean-varanasi.up@esic.gov.in)

Application Form: Advertisement No. 06/2025

1. Name :  
2. Father's/Husband's Name :  
3. Age & Date of Birth :  
4. Post applied for :  
5. Specialty applied for :  
6. Part time/Full Time :  
7. Religion & Caste :  
8. Category (UR/OBC/SC/ST/EWS) :  
9. (i) Whether PWD (Person with disability)  
(ii) If Yes, % of disability :  
10. Educational Qualifications :



Sr. No	Degree/Diploma	Year of passing	University	%(percentage)

11. Experience (in years):  
12. Registration Details:  
13. Present Address with Pin code:  
14. Permanent Address:

15. Contact No : 1. Mob: 2.Mob:

16. Email ID (in capital letters):

Date

Signature of candidate

Testimonials to be enclosed: -

D.D. towards application fee if applicable

Xerox copies of following documents, as applicable

1.MBBS Degree 2.DM/MCh/DNB/PG Degree/Diploma 3. Registration Certificate 4.

Experience Certificate 5. Caste Certificate (where applicable) 6. Date of Birth Certificate

7. Any other relevant documents