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

सत्यमेव जयते

का.रा.वि.म. वैद्यकीय महाविद्यालय आणि रुग्णालय, अँधेरी
सेंट्रल रोड,एम.आय.डी.सी., अँधेरी (पूर्व), मुंबई -400093
क.रा.बी.नि. आयुर्विज्ञान महाविद्यालय और अस्पताल अँधेरी
सेंट्रल रोड,एम.आई.डी.सी., अँधेरी(पूर्व), मुंबई-400093
ESIC MEDICAL COLLEGE AND HOSPITAL ANDHERI
Central road, MIDC, Andheri East, Mumbai-400093
Phone: 022-2220889641 Email: deanpgi-ane.mah@esic.nic.in
Website: www.esic.nic.in / www.esic.in

Format of Application

Candidates are advised to read the details advertisement carefully prior to filling the application form. The candidates 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.

Affix passport size photo & signed

1. Advertisement No. 08 of 2025
2. Post applied for:
3. Department in which applied:
4. Name in CAPITAL letters:
5. Gender: Male/Female/Other
6. Father's/Husband Name:
7. Mother's Name:
8. Date of Birth:
9. Category: (UR/EWS/OBC/SC/ST)
10. Qualification (MBBS/MD/MS/DNB/Dr.NB etc. with Certificates)

SI	Qualification	College	Board/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
1								
2								
3								
4								
5								
6								
7								

11. Experience (as per the post notified) Govt./Pvt. Hospital/Institution (In Years/Months) with Certificates:

SI	Position held	Institution	From	To	Total	Teaching/ Non Teach-ing	Nature (Regular/ Contract)
1							
2							
3							
4							
5							
6							
7							

12. NMC/State Medical Council (Tick)

(i) Registration No.

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

(iii) Date of Registration:

13. Contact No. (Mobile)

14. E-mail (in CAPITAL letters):

15. Postal Address:

Post Office:

District:

State:

Pin:

16. Present working status:

(i) Name of the Employer

(ii) Designation:

(iii) Date of Joining:

17. Marital Status (Single/Married):

18. Nationality: (Indian/other):

19. Mother Tongue:

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

(i) Aadhar Card No.

(ii) Voter Id:

(iii) PAN:

21. Identification Mark:

22. Interview Fee: (Applicable: Yes/No)

If Yes, Demand Draft No.

Issuing Date:

Name of the Issuing Bank

Name of Branch of Bank:

DECLARATION:

I undertake that all the above information given 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:

SI	Name of Documents	Submitted: Yes/No, if No, Reason
1	Demand Draft as Interview Fee, if applicable	
2	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 sheet of MD/MS/DNB	
7	Attempt Certificate of MD/MS/DNB	
8	Degree Certificate of MD/MS/DNB/Dr.NB examination	
9	EWS/OBC/SC/ST Certificate, when applicable	
10	NMC/State Medical Council Registration Certificate	
11	Aadhar Card	
12	NOC from current Employer, if applicable	
13	Relieving Certificate from previous Employer, if applicable	
14	Experience Certificate, if applicable	
15	Any other	

Date:

Signature of Applicant
Name of Applicant: