



Sr. No. _____

Please paste recent passport size coloured photo and put your signature across the photo.

PROFORMA FOR APPLICATION

S.N.	DETAILS to be filled up by the Candidate in own hand writing					
1	POST APPLIED FOR	DOCTOR/ PHARMACIST				
2	Name of the Candidate (in Block Letters)					
3	Gender	Male/ Female/ Other				
4	Educational Qualification	1				
		2				
		3				
		4				
5	Date of Birth					
6	Permanent Address					
7	Present Address					
8	Caste		Caste Category	Gen/ BC1/ BC2/ EBC/ SC/ ST		
9	Mobile/ Telephone No					
10	E-mail ID					
11	Aadhar Card No.					
12	Pan Card Number					
13	Working Experience (Give period-wise details of post hold & Name of the Organization)					
14	Option for Posting (Name out the District of choice or tick Anywhere in Bihar)					
	Option-I		Option- III			
	Option-II		Anywhere in Bihar			
15	Details of Knowledge about Computer & Internet					
16	Details of Application Fee	Amount	Draft No.	Dated	Name of the Bank	Branch

I hereby confirm that I have read all the terms and conditions given and assure to abide by the Rules and Regulation. Also I declare that all the information submitted above is true, to best of my knowledge. ESI Corporation authorised to cancel my candidature or the agreement at any stage if any information found incorrect.

I am enclosing self-attested copies of all the Certificates & Testimonials along with two recent Photographs.

Signature

Dated

Name of the Candidate (_____)