



Sr. No.

PROFORMA FOR APPLICATIONPlease paste
recent passport
size
coloured photo
and put your
signature across
the photo

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				Year of passing
4	Educational Qualification	1				
		2				
		3				
		4				
5	Registration No.		& Date		of BCMR/ MCI or BSPRC	
6	Date of Birth				Age as on 31/03/2017	
7	Permanent Address					
8	Present Address					
9	Caste			Caste Category	Gen/ BC1/ BC2/ EBC/ SC/ ST	
10	Mobile/ Telephone No					
11	E-mail ID					
12	Aadhar Card No.					
13	Pan Card Number					
14	Working Experience (Give period-wise details of post hold & Name of the Organization)	Name of Office		From	To	Completed Years
15	Option for Posting (Name out the District of choice or tick Anywhere in Bihar)					
	Option-1			Option- III		
	Option-II			Anywhere in Bihar		
16	Details of Knowledge about Computer & Internet					
17	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.

Dated _____ Signature
Name of the Candidate (_____)