કામદાર રાજ્ય વીમા નિગમ
(શ્રમ અને રોજગાર મંત્રાલય, ભારત સરકાર)
कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)
क.रा.बी.नि.
E.S.I.C.
सत्यमेव जयते

મેડિકલ કોલેજ અને હોસ્પિટલ નરોડા- બાપુનગર / मेडिकल कॉलेज एवं अस्पताल नरोडा-बापुनगर / MEDICAL COLLEGE AND HOSPITAL NARODA-BAPUNAGAR
હરદાસનગર પોલીસ ચોકી પાસે, બાપુનગર, અમદાવાદ, ગુજરાત – 380024
हरदासनगर पुलिस चौकी के पास, बापुनगर, अहमदाबाद, गुजरात – 380024
NEAR HARDASNAGAR POLICE CHOWKI, BAPUNAGAR, AHMEDABAD – 380024
PHONE: +91 9428266450, **Email**: dean-naroda.gj@esic.gov.in, and ms-bapunagar.gj@esic.gov.in, **Website**: www.bapunagarhospital.esic.gov.in, www.mcnaroda.esic.gov.in, and www.esic.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.

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.

This application form can be converted to "Word" format.

1. Advertisement No. **03** & Year **2026**
2. Post applied for:
3. Department in which applied:
4. Choice of Mode of appearing in the Interview (Offline):
5. Name in CAPITAL letters:
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)

12. Qualifications (MBBS/MD/MS/DNB/PG Diploma/BDS/ MDS etc. with Certificates)
Please add rows as per requirement in table:

Sl.	Qualifications	College	Board/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
1								
2								
3								
4								
5								
6								

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)

(iii) Date of Registration:

		X			X				

16. Contact No (Mobile):

17. E-mail (in CAPITAL letters):

18. Postal Address:

Post Office:

District:

State:

PIN:

19. Present working status:

(i) Name of the Employer:

(ii) Designation:

(iii) Date of Joining:

		X			X				

20. Marital Status: Single/ Married:

21. Nationality: Indian/ Other:

22. Mother Tongue:

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

(i) Aadhaar No:

(ii) Voter Id:

(iii) PAN:

24. Identification Mark:

25. Interview Fee: Applicable: Yes/ No?

If Yes, D. D. No.

Issuing Date: X X

Name of the Issuing Bank:

Name of Branch of Bank:

DECLARATION:

I undertake that all the above information given above 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.

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 10th 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	Aadhaar 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: