



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



क. रा. बी. नि. चिकित्सा महाविद्यालय एवं अस्पताल,  
बिहटा, पटना- 801103  
ESIC Medical College & Hospital,  
Bihta, Patna- 801103.  
ई मेल/ Email: dean-bihta.bh@esic.nic.in

## ADMISSION FORM

### Application Form for DNB/Diploma Admission: 2025-26

**(Fill the Details in Block Letters only & all the fields are mandatory to fill)**

#### Personal Details

- Name of the Student (as per 10<sup>th</sup>): \_\_\_\_\_
- Father's Name: \_\_\_\_\_
- Mother's Name: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Gender (M/F): \_\_\_\_\_
- Religion and Mother Tongue: \_\_\_\_\_ Nationality: \_\_\_\_\_
- Category (UR/OBC/SC/ST/EWS): \_\_\_\_\_ PH (Yes/No): \_\_\_\_\_
- Contact Number: 1. \_\_\_\_\_ 2. \_\_\_\_\_
- Student Aadhar Card Number: \_\_\_\_\_
- Father's Aadhar Card Number: \_\_\_\_\_
- Mother's Aadhar Card Number: \_\_\_\_\_
- E-mail id: \_\_\_\_\_
- Blood group: \_\_\_\_\_
- Address for Communication : \_\_\_\_\_

Affix Recent  
Passport Size  
Photo

PIN CODE:

--	--	--	--	--	--

- Permanent Address : \_\_\_\_\_

PIN CODE:

--	--	--	--	--	--

#### Qualification Details:

Description	Marks Obtained	Maximum Marks	Percentage
MBBS 1 <sup>st</sup> year			
MBBS 2 <sup>nd</sup> year			
MBBS 3 <sup>rd</sup> year			
MBBS final year			
Total			

**NEET Details:**

- Application Number: \_\_\_\_\_
- Roll Number: \_\_\_\_\_
- Merit Number/Rank in NEET (A.I.R): \_\_\_\_\_ Category-wise rank (AIR): \_\_\_\_\_
- NEET Entrance Examination Score (out of 800): \_\_\_\_\_ /800 and Percentile (%) \_\_\_\_\_

**Admission Details:**

- Date of Admission (DD/MM/YYYY): \_\_\_\_\_
- Quota under which ( A.I.Q. /ESIC):

- **I hereby solemnly and sincerely affirm that the statements made and information given by me in the application form is true and correct.**
- **I agree to abide by the Rules, Regulations and Procedures of this Institute.**
- **I agree to submit all the required original certificates at the time of my selection during admission process as per the rules, failing which my claim for selection shall not be granted.**
- **I have not concealed any material information. However, if any information submitted herein is fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution and I also agree to forgo my seat in ESIC Medical College, Bihta, Patna. I understand that the selection and admission to the course is also liable to be cancelled.**

Name of the Candidate

Name of the Parent or Guardian

Signature of the Candidate

Signature of Parent or Guardian

Date: