



कर्मचारी राज्य बीमा निगम आदर्श अस्पताल
EMPLOYEES' STATE INSURANCE CORPORATION MODEL HOSPITAL

राजाजीनगर, बेंगलूरु-५६० ०१०

RAJAJINAGAR, BANGALORE-560 010

(भारत सरकार का श्रम एवं रोज़गार मंत्रालय)

(Ministry of Labour & Employment, Govt. of India)

फ़ोन/Phone 080-23325130/23320271 फ़्याक्स/Fax : 080-23325130

No:532/U/19/14/2015-16.Estt

Date: 21-03-2016

**WALK IN INTERVIEW FOR THE POST OF PART TIME HOMEOPATHY PHYSICIAN AND
PART TIME HOMEOPATHY PHARMACIST AT ESIC MODEL HOSPITAL, RAJAJINAGAR,
BANGALORE**

Walk in interview for the post of Part Time Homeopathy Physician and Part Time Homeopathy Pharmacist will be held on **05-04-2016** at the ESIC Model Hospital, Rajajinagar, Bangalore-560010.

Sl.No.	Post	No. Of posts	Eligibility and Remuneration
1	Homeopathy Physician	1	Education Qualification: BHMS Experience: 03 years Age: not exceeding 64 years as on 05-04-2016 (Relaxation as per rule for SC/ST/OBC) Emoluments: Rs. 21,000 per month (5 hrs for 6 days per week)
2	Homeopathy Pharmacist	1	Education Qualification: Diploma in Homeopathic Pharmacist from a recognized State Board. Experience: 03 years experience in Homeopathic Pharmacy in recognized Institution and Registered under Pharmacy Act 1948 with the competent Pharmacy Council. Age: not exceeding 32 years as on 22.01.2015 (Relaxation as per rule for SC/ST/OBC) Emoluments: Rs. 11,360 per month (5 hrs for 6 days per week)

Date and Time of the Interview : 05-04-2016

Registration Time: 09.00 AM to 10.30 AM

Interview Timings : 1) Homeopathy Physician - 10.00 am to 11.00 pm.
2) Homeopathy Pharmacist - 11.30 am to 12.30 pm

Continued to Page.....2

.....2.....

Venue of the Interview: Conference / Training Room,
Adjacent to the chamber of Joint Director and PMD section,
Administrative Block,
ESIC Model Hospital,
Rajajinagar,
Bangalore-560 010.

Documents to be submitted:

1. Application form complete in all respects.
2. Two Passport size Photographs.
3. Two sets of Self attested copies of the following along with the originals for verification:
 - a) Proof of Date of Birth
 - b) SSC / 10th Standard Certificate or equivalent.
 - c) Certificates of qualifications.
 - d) Registration with the concerned Medical Council / Pharmacy Council and State Government Registration.
 - e) Caste Certificate
 - f) Experience Certificate

Note: Selected candidates have to report for duty on or after 11-04-2016 but not later than 15-04-2016, failing which it will be presumed that they are not interested in joining and their appointment will be deemed as cancelled without any correspondence in this regard.

Sd/-
MEDICAL SUPERINTENDENT



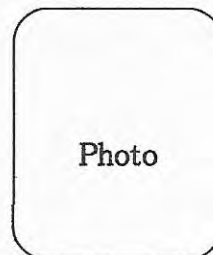
**EMPLOYEES' STATE INSURANCE CORPORATION
MODEL HOSPITAL**

Rajajinagar, Bangalore-560 010
(Under Ministry of Labour, Govt. of India)
Phone: 23325130 / 23320271 Fax: 233 25130

APPLICATION FOR THE POST

- 1 Name of the Candidate : _____
2 Father's/Husband's Name : _____
3 Mother's Name : _____
4 Date of Birth as per SSLC Certificate : _____
5 Religion : _____
6 Nationality : _____
7 Category (SC/ST/OBC/UR) (*) : _____
8 Whether PH : YES/NO
9 Mobile Number : _____
10 E-mail ID : _____
11 Address (Permanent) : _____

12 Address for correspondence : _____



13 Educational Qualification:

Sl No.	Name of the Exam	University	Percentage of Marks	Year of Passing

() OBC Certificates should be in the format enclosed.*

14 Medical Council Registration No. :

15 Name of the Medical Council :

16 Experience

Sl No.	Name of the Institution and Designation	From	To	Period

17 Presently working as

a) Designation _____

b) Name of the Institution _____

c) Govt./ Private _____

18 NOC certificate from present employer taken is employed in Government Institution.

19 Tentative date of joining (If selected) :

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case any information found false/ incorrect at a later date of the recruitment/ appointment, I shall be bound by the decision of Medical Superintendent, ESIC, PGIMSR & Model Hospital, Rajajinagar, Bangalore - 10/ ESI Corporation.

Encl: Pertaining to Sl No.13 to 18.

Date & Place : _____/ _____

(Signature of Candidate)