



कर्मचारी राज्य बीमा निगम आदर्श अस्पताल, नामकुम, रांची(झारखण्ड)

ESIC MODEL HOSPITAL NAMKUM RANCHI JHARKHAND

श्रम एवं रोज़गार मंत्रालय, भारत सरकार

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

(ISO 9001 ,2008 Certified)

Phone & Fax . 0651-2261919, 2260048

(E-mail . mh-ranchi@esic.nic.in)

No.: 602-A/12/16/2013-AYUSH

Date: 29.04.2016

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

Applications are invited for an interview to be held at ESIC Model Hospital, Namkum, Ranchi, Jharkhand (a field unit of ESIC working under administrative control of Ministry of Labour and Employment, Govt. of India) for engagement of Part Time Homeopathy Physician and Part Time Homeopathy Pharmacist on contract basis for a period of 01 (one) year which may be extended on yearly basis for another 02 (two) years subject to satisfactory services and requirement or till the posts are filled up on regular basis (whichever is earlier).

| Sl. No. | Name of the Posts                 | No. of Post | Date & Time of Reporting for Walk-In-Interview |
|---------|-----------------------------------|-------------|--|
| 1       | Homeopathy Physician (Part Time)  | 01          | 25.05.2016 (Wednesday)                         |
| 2       | Homeopathy Pharmacist (Part Time) | 01          | 09.00 AM onwards                               |

**Note:** The details and application form can be obtained from the office of the Medical Superintendent, ESIC Model Hospital, Namkum, Ranchi, Jharkhand on any working day from 09.00AM to 01.00PM (from 03.05.2016 to 24.05.2016). The details and application form can also be downloaded from our Hqrs. Office website [www.esic.nic.in](http://www.esic.nic.in) under Recruitment section.

**Medical Superintendent**



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Walk in interview for the post of Part Time Homeopathy Physician and Part Time Homeopathy Pharmacist will be held on 25.05.2016 at the ESIC Model Hospital, Namkum, Ranchi - 834010.

| Sl. No. | Post                  | No. of Posts | Eligibility and Remuneration  |
|---------|-----------------------|--------------|---|
| 1       | Homeopathy Physician  | 1            | Educational Qualification: BHMS<br>Experience: 03 years<br>Age: not exceeding 64 years as on 25.05.2016<br>(Relaxation as per rule for SC/ST/OBC)<br>Emoluments: Rs. 21,000 per month<br>(5hr for 6 days per week)  |
| 2       | Homeopathy Pharmacist | 1            | Educational Qualification: Diploma in Homeopathic Pharmacist from a recognized State Board.<br>Experience: 03 years experience in Homeopathic Pharmacy in recognized Institution and Registered under Pharmacy Act 1948 with the competent Pharmacy Council.<br>Age: not exceeding 32 years as on 25.05.2016<br>(Relaxation as per rule for SC/ST/OBC)<br>Emoluments: Rs. 11,360 per month<br>(5hr for 6 days per week) |

Date and Time of the Interview:

Registration Time: 09.00am to 10.30am

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

Venue of the Interview: M.S. Chamber, ESIC Model Hospital, Namkum, Ranchi-834010.

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 documents along with the originals for verification:
  - (a) Proof of Date of Birth.
  - (b) SSC / 10<sup>th</sup> Standard Certificate or equivalent.
  - (c) Certificates for 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 01.06.2016 but not later than 30.06.2016, failing which it will be presumed that they are not interested in joining and their appointment will deemed as cancelled without any correspondence in this regard.

**Medical Superintendent**



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**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 Matric Certificate: \_\_\_\_\_
5. Religion : \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Category (SC/ST/OBC/UR) (\*) : \_\_\_\_\_
8. Whether PH : YES / NO
9. Mobile No. : \_\_\_\_\_
10. E-mail ID : \_\_\_\_\_
11. Address (Permanent) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Address for correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Educational Qualification : \_\_\_\_\_

Affix Passport  
size photograph

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

(\*) OBC Certificates should be in the format prescribed by The Government of India.

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 if 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 Model Hospital, Namkum, Ranchi – 834010.

**Encl.: Pertaining to Sl. No. 13 to 18.**

Date & Place : \_\_\_\_\_ / \_\_\_\_\_

(Signature of Candidate)