

श्रम एवं रोजगार मंत्रालय, भारत सरकार  
Ministry of labour & Employment, Government of India

कर्मचारी राज्य बीमा निगम  
आदर्श चिकित्सालय एवं व्यावसायिक रोग  
केन्द्र नंदानगर, इन्दौर - 452011  
दूरभाष - 0731-2557656, 2559080 फेक्स-0731-2559080  
ईमेल: ms-indore@esic.nic.in / www.esic.nic.in



Employees' State Insurance Corporation  
Model Hospital and Occupational Disease Centre  
Nanda Nagar, Indore - 452011  
Tele - 0731-2557656, 2559080, Fax-0731-2559080  
E-Mail: ms-indore@esic.nic.in / www.esic.nic.in

No18-A/12/12/Homeo.phy/15-MH

Date:- 14/05/2016

**WALK IN INTERVIEW FOR THE POST OF PART TIME HOMEOPATHY PHYSICIAN FOR  
A PERIOD OF ONE YEAR AT ESIC MODEL HOSPITAL, CUM ODC NANDA NAGAR  
INDORE M.P.**

Walk in interview for the post of Part Time Homeopathy Physician for a period of one year will be held on 13-06-2016 at the ESIC Model Hospital, cum ODC Nanda Nagar Indore M.P.

Sr. No.	Post	No of posts	Eligibility and Remuneration
1	Homeopathy Physician	1	<b>Education Qualification:-</b> (i) Degree in Homeopathy of Recognized University/Statutory State Board/ Council or equivalent recognized under the Homeopathic Central Council Act. 1973 (59 of 1973). (ii) Enrollment on the Central Register of Homeopathy or a State Register Homeopathy. <b>Age:-</b> not exceeding 30 years as on 13-06-2016(Relaxation upto 5 years for regular employees State Insurance Corporation and Govt. servant in accordance with the instructions or orders issued by the Central Government). (Relaxation as per rule for SC/ST/OBC) <b>Emoluments:-</b> Rs 21,000 per month (Consolidated) <b>Working Hours:-</b> (5 hrs for 6 days per week)

**Date and Time of the Interview : 13-06-2016**

**Registration Time:09:00 AM**

**Venue of the Interview:-** Room No 02,  
Chamber of Medical Superintendent  
Administrative Block,  
ESIC Model Hospital'  
cum ODC Nanda Nagar,  
Indore M.P.

**Continued to Page,.....02**

**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/10<sup>th</sup> 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.

SD/-  
MEDICAL SUPERINTENDENT

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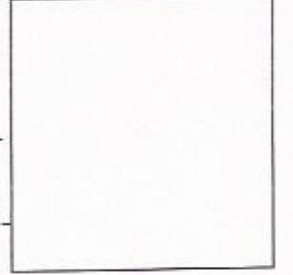
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**APPLICATION FOR THE POST**

1. Name of the Candidate : \_\_\_\_\_
2. Father's/Husband's Name : \_\_\_\_\_
3. Mother's Name : \_\_\_\_\_
4. Date of Birth as per SSLC Certificate : \_\_\_\_\_
5. Religion : \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Category (SC/ST/OBC/UR) (\*) : \_\_\_\_\_
8. Whether PH : \_\_\_\_\_
9. Mobile Number : \_\_\_\_\_
10. E-Mail ID : \_\_\_\_\_
11. Address (Permanent) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Address for correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Education Qualification : \_\_\_\_\_



Sr. No.	Name of the Exam	University	percentage of Marks	Years of Passing

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

14. Medical Council Registration No. : -----

15. Name of the Medical Council : -----

16. Experience :

Sr. No.	Name of the Institution and Designation	From	To	period

17. Presently Working as

- Designation
- Name of the Institution
- 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, Model Hospital, cum ODC Nanda Nagar Indore.

Encl:- Pertaining to Sr. No. 13 to 18.

(Signature of Candidate)

Date & Place : -----/-----