



WALK IN INTERVIEW FOR THE POST OF PART TIME HOMEOPATHY PHYSICIAN AND PART TIME HOMEOPATHY PHARMACIST AT ESIC HOSPITAL, TIRUNELVELI

Walk in interview for the post of Part Time Homeopathy Physician and Part Time Homeopathy Pharmacist will be held on 22.06.2016 at the ESIC Hospital, Vannarpettai, Tirunelveli – 627 003

Sl.No.	Post	No. Of posts	Eligibility and Remuneration
1.	Homeopathy Physician	1	Educational Qualification: BHMS Experience: 03 Years Age: Not exceeding 64 years as on 22.06.2016 (Relaxation as per rule for SC/ST/OBC) Emoluments: Rs. 21, 000 per month (5 hours for 6 days per week)
2.	Homeopathy Pharmacist	1	Educational 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 22.06.2016 (Relaxation as per rule for SC/ST/OBC) Emoluments: Rs. 11,360 per month (5 hours for 6 days per week)

Date of Interview : 22.06.2016

Interview Timings: Homeopathy Physician – 10.00 AM & Homeopathy Pharmacist – 11.00 AM

Venue of the Interview: Office of Medical Superintendent,
ESIC Hospital,
Vannarpettai,
Tirunelveli.

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 Certificated 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

MEDICAL SUPERINTENDENT



क रा बी नि अस्पताल
E S I C Hospital
कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
वण्णारपेट्टै, तिरुनेलवेली, तमिलनाडु- 627 003
Vannarpettai, Tirunelveli, Tamil Nadu - 627 003
ईमेल Email : ms-tirunelveli@esic.in

☎ : 0462-2502199
फैक्स Fax: 0462-2502399

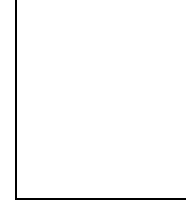
वेबसाइट Website : www.esic.nic.in

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 Educational Qualification :



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

14 Medical Council Registration No. :

15 Name of the Medical Council :

16 Experience

S.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 Hospital, Tirunelveli.

Encl: Pertaining to S.No. 13 to 18

(Signature of candidate)

Date :

Place: