



कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
E S I C MEDICAL COLLEGE & HOSPITAL
NH-3, NIT, FARIDABAD (HARYANA)
Email : ms-faridbad.hr@esic.in Tel. No. 0129-2413032

No.: 134-A/12/16/6/2016-Admn.

Date: 12.05.2016

**WALK-IN-INTERVIEW FOR THE POST OF PART TIME HOMEOPATHIC PHYSICIAN AND PART TIME
AYURVEDIC PHYSICIAN AT ESIC MEDICAL COLLEGE & HOSPITAL, NH3, NIT, FARIDABAD**

Application are invited for an interview to be held at ESIC Medical Hospital & College, NH3, NIT Faridabad (a field unit of ESIC working under administrative control of Ministry of Labour and Employment, Govt. of India) for engagement of Part Time Homeopathic Physician and Part Time Ayurvedic Physician 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	Homeopathic Physician	01	24.05.2016 (Tuesday)
2	Ayurvedic Physician	01	09:00 AM onwards

Note: The details and application form can be obtained from the office of the Medical Superintendent, ESIC Medical College & Hospital, NH3, NIT Faridabad on any working day from 09:00 AM to 01:00 PM from 10.05.2016 to 23.05.2016. The details and application form can be downloaded from our Hqrs. Website www.esic.nic.in under recruitment section.

MEDICAL SUPERINTENDENT



कर्मचारी राज्य बीमा निगम

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Walk-In-Interview for the post of part Time Homeopathic Physician and Part Time Ayurvedic Physician will be held on 24.05.2016 at the ESIC Medical College & Hospital, NH3, NIT, Faridabad.

Sl. No.	Post	No. of Posts	Qualification & Experience required
1	Homeopathy Physician (PART TIME)	01	A. Degree in Homeopathy from a recognized University/Statutory State Board/council/Faculty of Indian Medicine or equivalent under Homeopathic Central Council Act, 1973. B. Enrolment on the Central Register of Homeopathy or State Register of Homeopathy.
2	Ayurvedic Physician (PART TIME)	01	A. Degree in Ayurveda from a recognized University/Statutory State Board/council/Faculty of Indian Medicine or equivalent under Indian Central Council Act, 1970. B. Enrolment on the Central Register of Indian Medicine or State Register of Indian Medicine.

P.T.O.

Age :- Not exceeding 30 years as on **24.05.2016** (Relaxation for SC/ST/OBC/PH/Ex-Serviceman as per rules).

Experience: Experience of 03 Years is desirable.

Emoluments :- Rs 21000/- Per month consolidated (5 hours per day, six days a week).

How to apply: The eligible and desirous candidates, along with their application filled properly in prescribed Performa "Annexure-A" should appear for a walk-in-interview on the appointed date & time. The application Form is also being uploaded on website www.esic.nic.in. **They should also bring two recent passport size photographs along with one set of attested photocopies and originals of testimonials.**

Terms & Conditions:-

1. Vacancies are likely to change depending upon actual requirement at the time of Interview.
2. No TA/DA will be paid to candidates for appearing in the walk-in- interview.
3. The Medical Superintendent reserves the right to fill up all or not to fill up any vacancy.
4. The Medical Superintendent reserves the right to alter the date or cancel the interview.
5. Selected candidate will have to deposit security amount of **Rs.10,000/-** in favour of **ESI Fund Account No.1** payable at **State Bank Of India**.
6. The Selected candidates shall have to submit an **agreement** incorporation the terms and condition of appointment on a **Rs. 100/- stamp paper** in the formate porvided by the office.
8. **Hostel Accommodation/quarters will not be provided.**
9. Application should be submitted for each post separately.
10. The working hour of both Physician will be five hours per day, six days a week.



Medical Superintendent



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Annexure-A

Application for the post of Part Time Homeopathic/Ayurvedic Physician.

Post applied for: _____

1. Name (In Block letters) : _____
2. a) Father's/Husband's Name : _____
b) Mother's Name : _____
3. a) Date of Birth : _____
b) Age as on 12.09.2014 : _____ Years _____ Months _____ Days.
4. Permanent Address : _____
: _____
5. Correspondence Address : _____
: _____
6. E-Mail : _____
7. Telephone/Mobile Number: _____
8. Religion: _____ 9. Nationality _____
10. Category SC/ST/OBC/General : _____
11. Whether PH : YES /NO
12. Educational/Professional Qualification:-

Recent
pass-port size
photograph

Sl. No.	Name of the Exam	University	Percentage of Marks	Year of Passing
1				
2				
3				
4				

P.T.O

13. Medical Council Registration No. : _____

14. Name of the Medical Council : _____

15. Work Experience :

Sr.No	Post Held	Institution	Period (Dates: from-to)	Period in months/year
1				
2				
3				
4				

16. NOC Certificate from present employer if employed in Government Institution Yes/No

17. Tentative date of joining (if selected) : _____

18. Have you ever been dismissed or punished: _____

Declaration:- I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incomplete/incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/ canceled and in the event of any statement / information found false/ incorrect even after my appointment, my services are liable to be terminated without any notice. I am citizen of India by birth/ domicile.

Date.....

Place.....

Signature of the Candidate