ESIC GENERAL HOSPITAL



क रा बी नि सामान्य अस्पताल

EMPLOYEES STATE INSURANCE CORPORATION कर्मचारी राज्य बीमा निगम

(Ministry of Labour & Employment, Govt. of India) NEAR RAILWAY CROSSING, HIMMATNAGAR HIGHWAY NARODA, PO: KUBERNAGAR, AHMEDABAD (GUJARAT) - 382340

Tel: 22812235-36, Fax: 22812333, e-mail: ms-naroda.gi@esic.in

Walk-in-interview for Recruitment of Part Time Specialist for ESIC General Hospital, NARODA

Applications are invited from the eligible candidates for Walk-in-Interview for the post of **PART TIME SPECIALISTS**, & HOMEOPATHY PHYSICIAN in the following Departments in ESIC General Hospital, Naroda, Ahmedabad on purely temporary basis for **ONE YEAR**/ till the regular post filled whichever is earlier.

S.	SPECIALITY	VACANCY	Date of	Reporting Time for
No.			Interview	Interview
1	ENT Specialist	1 (One)	12/04/2016	10:00 AM
2	Radiologist	1 (One)	12/04/2016	12:00 Noon
3	Homeopathy Physician	1 (One)	12/04/2016	02.00 PM

I. Age:- Not exceeding 64 years for ENT & Radiologist.

Age:- Not exceeding 35 years for Homeopathy Physician as on 12/04/2016.

Relaxable for SC, ST & OBC as per rules.

II. Qualification & Experience:

- **ENT & Radiologist:-** Post Graduation degree or equivalent (after MBBS) with 3 years' experience after Post Graduation or 5 years' experience after Post Graduation Diploma in respective speciality.
 - **Homeopathy Physician:** BHMS Degree (2 years experience desirable)

III. Emoluments per Month:

ENT & Radiologist:-

- Rs. 40,000/- Per Month for 2 sessions per day and 5 days in a week. Duration of each session is of two hours.
- Rs. 1,000/- for each additional/extra session subject to maximum Rs. 8,000/- in a month.

Homeopathy Physician:-

• Rs. 21000/- Per Month (Consolidated) for 5 hours 6 days in a week.

In the office of Medical Superintendent interested candidates may appear for walk in interview on the above mentioned date and time along with the following:

- 1. Completed Application form.
- 2. Testimonials (in Original).
- 3. Attested copies of certificates/degree documents.
- 4. 2 recent passport size photographs.
- 5. Application form fee in form of Demand Draft.

The candidates can download the application forms from the ESIC website www.esic.nic.in or can obtain from the Deputy Director, ESIC General Hospital, Naroda, Ahmedabad. The candidates must pay the non-refundable application form fee of Rs. 250/- before the interview in form of Demand Draft of Nationalised/Scheduled Bank in favour of ESIC FUND A/C NO.1 payable at Ahmedabad. Application fee is exempted for SC/ST and female candidates. Reservation will be applicable as per Govt. of India rules.

Terms & Conditions:

- 1. The applicant must bring the original Certificates/documents along with bio-data for verification.
- 2. No TA/DA will be paid to attend the interview.
- 3. The number of vacancies can be changed at any time without any intimation.
- 4. Selected candidates must have to sign an Agreement of Terms & Conditions on Rs. 100/-non-judicial stamp paper and candidate will bear such cost.
- 5. The reservation policy shall be followed as per Government Rules
- 6. No accommodation facility will be provided by ESIC for such selected contractual specialists.
- 7. The competent authority reserves the right to fill up all or not to fill up any of the vacancies.
- 8. The contract period of one year can be extendable for further one year on mutual consent of both the parties.
- 9. The selected candidate will engage himself in the work assigned to him efficiently and diligently to the best of his/her ability. He/she will devote his/her whole time to his/her work and duties and will not be engage directly or indirectly in any trade, business or occupation.
- 10. Recruitment process shall stand cancelled if needed at any stage.

MEDICAL SUPERINTENDENT

ESIC GENERAL HOSPITAL



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APPLICATION FORM

				Affix attested recent passport size photo
2.	NAME (in capital l	etters)		1 1 1
3.	Father's /Husband's	s Name		
4.	Date of Birth (in fig	gures)		
	(in words)			
5.	(a) Religion			Signature of the Candidate
	(b) Nationality			
6.	Mailing Address			
7.	Permanent Address			
8.	E-Mail Id (If any)			
9.	Contact Details	(Cell no.)	(Phone no.) _	

10. Sex: (Male (01) & Female (02)):							
11.(i) (a) If physica (Orthoped		Yes / No					
(b) If yes, %					%		
(ii) Whether Ex-		Yes / No					
12. Category to which applicant belongs (SC, ST, OBC, General)							
13. Essential Educa necessary)	tional Qualific	cation & of	her Training Co	ourse (Atta	ich anne	xure if	
Name & Address of	Duration		Degree /	Cyleicata	% of	% of marks	
University/College	From	То	Examination Passed	Subjects	obt	ained	
14. Date of Comple	tion of compul	sory Rotatin	g Internship:				
15. Date of Registra	tion with MCI	/ SMC / DC	ч .				
				:CNI			
16. Details of Emplo	Syment in Chro	onological of	rder (Attach Anr	lexure II No	ecessary)	
Organisation (please specify whether Central/State Govt./Autonomous body/Pvt. Sector)	Position (s) held and to whom reporting	Period of Service	Nature of Work done & reasons for leaving	Scale of Pay	Basic Pay	Gross Pay	

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information found false or incorrect at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without notice or any compensation in lieu thereof.

I also affirm that "No Objection Certificate" from the present employer for applying this post has been applied for/taken.

Place:	
Date:	
	Signature of the Candidate