



**ESI CORPORATION**  
**ESIC MEDICAL COLLEGE & HOSPITAL**

Varatharajapuram, Coimbatore-15.

Phone No.0422-2598882,81, Fax No 0422-2574398, Website: [www.esic.nic.in](http://www.esic.nic.in) & E.Mail-esihplkovai@gmail.com

**Walk in interview for Recruitment of Part Time Specialist for ESIC Hospital, Coimbatore**

Applications are invited for the post of **PART TIME SPECIALIST** for ESIC Hospital, Coimbatore on purely temporary basis in the following Departments.

S.No.	SPECIALITY	VACANCY
1.	Pediatrics	1
2.	Ortho	1
3.	Pathology	1
4.	Anaesthesia	2
5.	Dentistry	1
6.	Obstetrics and Gynaecology	2

**Eligibility Criteria :**

**I. Age : Not exceeding 64 years**

**II. Qualification and Experience:**

(a) 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.

For Dental Department, MDS (Maxillofacial Surgery) with 3 years experience is required.

**Emoluments per Month:**

1. Rs.40,000/- P.M. for 2 sessions per day X 5 days in a week. Duration of each session is of two hours.
2. Rs.1000/- for Extra session of Two Hours.
3. Attending emergency call Rs.1000/- subject to a maximum of Rs.8000/- per month.

Interested candidates may appear for walk-in-interview on 29.12.2014 along with Application, Biodata, Testimonials (in Original), copies of certificates and recently taken 2 passport size photos. Interview will take place in Medical Superintendent Chamber on 29.12.2014, Registration starts at 9.00 A.M. & Interview starts at 10 A.M. The application shall be submitted on or before 27.12.2014. Application form may be downloaded from the esic website in recruitment section. NO TA / DA will be paid to attend the interview.

*Obv*  
19.12.14

**MEDICAL SUPERINTENDENT**

**Dr. R. DEBNATH M.B.B.S,**  
**MEDICAL SUPERINTENDENT**  
**ESIC HOSPITAL, CBE-15**



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**APPLICATION FORM FOR THE POST OF PART TIME SPECIALIST**

1. Name (in capital letters) \_\_\_\_\_
2. Father's / Husband Name \_\_\_\_\_
3. Date of Birth (in figures) \_\_\_\_\_  
(in words) \_\_\_\_\_
4. (a) Religion \_\_\_\_\_  
(b) Nationality \_\_\_\_\_
5. Mailing Address \_\_\_\_\_  
(with e-mail address & telephone number)
6. Permanent Address \_\_\_\_\_  
(with telephone number) \_\_\_\_\_
7. Sex (write 01 for Male, 02 for Female) \_\_\_\_\_
8. (i) (a) if physically handicapped (Orthopedically handicapped) YES / NO  
(b) Percentage of Disability \_\_\_\_\_  
(ii) Whether Ex – serviceman \_\_\_\_\_ YES / NO
9. Community to which applicant belongs \_\_\_\_\_  
(write 01 for SC, 02 for OBC, 03 for General)

Affix attested  
Recent passport  
size photo

Signature of the  
candidate

10. Essential educational Qualifications and other Training course (Attach Annexure if Necessary)

Name & University Address of college	Duration		Degree / Examination Passed	Subjects	Percentage of marks obtained
	From	To			

11. Date of completion of compulsory Rotating Internship \_\_\_\_\_

12. Date of Registration with MCI / SMC / DCI \_\_\_\_\_

13. Details of Employment in Chronological order (Attach Annexure if Necessary)

Name of the organization (Please specify whether Central Govt. / Public Sector / Autonomous body / Private sector)	Position (s) held and to whom reporting	Period of service	Nature of work done & reasons for leaving	Scale of Pay	Basic Pay

I hereby declare that all the statement 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