

**ESIC HOSPITAL**Website: www.esic.nic.in**EMPLOYEES' STATE**

INSURANCE CORPORATION Office: 0462- 2502199

Email: ms-tirunelveli@esic.in

VANNARPETTAI TIRUNELVELI-627003

Fax no: 0462- 2502399

TAMIL NADU**Walk in interview for Recruitment of part time specialists for ESIC Hospital, Tirunelveli**

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

1. Vacancy for Column(a):

SI.No	Department	No of Vacancy
1.	Ophtalmology	1
2.	Paediatrics	1

2. Vacancy for Column(b):

SI.No	Department	No of Vacancy
1.	Dentist	1

3. Vacancy for Column(c):

SI.No	Department	No of Vacancy
1.	Ayurvedic Physician	1

Age: Not exceeding 64 years**Admissible Salary/ Honorarium :-****(a) :**

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

(b&C) : As per ESIC Norms

Interested candidates may appear for walk- in- interview on 29-05-2012 at 9 AM along with Application, Testimonials (in Original), copies of certificates and recently taken 2 passport size photos.

Qualification & 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 specialty.

(b) BDS with 3 years' Experience after graduation.

(C) BAMS with three years' experience after graduation.

Date of Interview : 29-05-2012 - 9A.M**Venue** : ESIC Hospital, Vannarpettai, Tirunelveli -6270003.Application can be downloaded from the Website. WWW.esicchennai.org/www.esic.nic.in**Note:** There will be a General Health Camp at Kanyakumari on **27/05/2012****MEDICAL SUPERINTENDENT**



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TAMIL NADU- 627003

APPLICATION FORM FOR THE POST OF PART TIME _____

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) _____

And telephone number _____

6. Permanent Address _____

(With telephone Number) _____

7. Sex (write 01 for Male, 02 for Female) _____

8. (i) (a) If physically handicapped **Yes/No**

(Orthopedically handicapped)

(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)

<p>Affix attested Recent passport Size photo</p>
<p>Signature of the Candidate</p>

10. Essential educational Qualifications & 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. / State 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