



कर्मचारी राज्य बीमा निगम अस्पताल,
EMPLOYEES' STATE INSURANCE CORPORATION
PARIPPALLY, KOLLAM, KERALA -691574

Ph: 0474-2575070, 2572052, 2575058, 2575059 Fax: 0474-2575050
Email: ms-ppy.ker@esic.nic.in & esihparippally@gmail.com
Website: www.esic.nic.in



File No.544/A/12/24/EHP/10/Admin/Rectt

Date:16.05.2014

NOTIFICATION

WANTED CLERKS

Applications are invited from eligible officials retired from ESIC , Central/State Government Organizations, Public sector undertakings/Autonomous Bodies, to be engaged on contract basis for a period of six months in ESIC Medical College Hospital, Parippally. The engagement will be purely contractual in nature with provision for termination giving due notice. While considering the applications, the Annual Performance Appraisal Report for last five years in respect of the applicant would be taken into consideration and none of the officers in respect of whom charge-sheet issued / penalty imposed during the last five years will be considered for engagement. An undertaking to this effect will be required to be submitted by the candidate at the time of application, which will be subjected to verification from office where he/she was working.

| Sl.No | Name of post | No. of post | Age | Remuneration |
|-------|----------------|-------------|-------------------------------|----------------------|
| 1 | Group C Clerks | 11 | Should not be beyond 62 years | Upto Rs.15000/- p.m. |

The above remuneration will be subject to the condition that the pension+ remuneration should not exceed the last pay including DA drawn by the official.

Interested candidates may attend a walk-in-interview to be held in the office of the undersigned at 11AM On 09.06.2014 along with all testimonials, two photographs and an undertaking to the effect that no adverse entries exist in their APAR for the last five years and that no charge sheet issued / penalty imposed during the last five years .

Sd/-
Medical Superintendent

APPLICATION FOR THE POST OF GROUP C CLERKS



| | |
|---|--------------------------------|
| Name | |
| Date of Birth | |
| Age as on date of application |Years.....Months.....Days |
| Office where previously working | |
| Date of Retirement | |
| Last Pay drawn(Please attach copy of LPC) | |
| Total Pension + DA been drawn at present | |
| Present Address | |
| Permanent Address | |
| Contact Telephone Number | |
| Whether Computer Literate or not | |
| Nature of duties able to perform | |

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

Place:

Signature

Date: