



कर्मचारी राज्य बीमा निगम  
EMPLOYEES' STATE INSURANCE CORPORATION  
आदर्श अस्पताल, बापूनगर, अहमदाबाद-380024  
MODEL HOSPITAL BAPUNAGAR, AHMEDABAD-380024  
श्रम एवं रोजगार मंत्रालय, भारत सरकार/Ministry of Labour & Employment, Govt. of India  
आइ.एस.ओ.9001:2008 प्रमाणित/ISO 9001:2008 CERTIFIED  
दूरभाष/Tele: 079-22742681, 22773702 फैक्स/Fax: 079-2741866  
ईमेल/Email: ms-bapunagar.gj@esic.in, esic\_mhb\_05@yahoo.com

No.37/ESIC/MHB/Admn/ESTT/PTSP/2014

Date: / /2014

**Advt No: 02 /2014**

A walk-in-interview will be held on **23/12/2014** from 10:00 AM onwards in the chamber of Medical Superintendent, ESIC Model Hospital, Bapunagar, Ahmedabad for immediate engagement and for drawing up a panel for future engagement of Part Time Specialist ( Orthopedic) ( UR Category) for the period of 1 (One) year in ESIC Model Hospital, Bapunagar. The Panel may remain valid for a period of SIX months and may be cancelled/ invalidated earlier without assigning any reason.

- Note : 1 - Application Fee:-** Rs 300/- in the form of Demand Draft/ Bankers Cheques payable in favour of ' ESIC Fund A/C No. 1' payable at Ahmedabad. SC/ST/PH and Female candidates are exempted from payment of fees.
- Note : 2** The candidate should report at 09:00 AM for verification of documents at Administrative Block ( 2<sup>nd</sup> Floor) of ESIC Model Hospital, Bapunagar, Ahmedabad.
- Note : 3** At the time of interview, the candidates should bring along with them Original plus attested copies of MCI/State MC Registration Certificate, Educational Qualification Certificates from Matriculation onwards, Experience Certificate(if any), Caste Certificate ( if any) and two recent passport size photographs.

**Education qualification :**

1. P.G. in concerned specialty recognized by MCI with 3 years experience in case of degree holder after degree and 5 years experience in case of Diploma holder after Diploma
2. MCI/State MC Registration

**Age :-** Not exceeding 64 years as on date of interview.( Relaxation for SC/ST/OBC as per rules)

- Emoluments :**
1. Rs 40,000/- per month 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

**Terms & Conditions:-**

- (a) The service will be governed by terms & conditions of the agreement.
- (b) No TA/DA shall be paid for attending the interview and joining purpose.
- (c) The selected candidates shall have to pay Rs. 10,000/- ( Rs. Ten thousand only) as Security Deposit and to make an agreement on a Rs. 100/- Stamp paper to be purchased by the candidate at the time of joining.
- (d) The Competent Authority reserves the right to fill up or not to fill up the post.

**Medical Superintendent**

## APPLICATION FORMAT

1. Post applied for : \_\_\_\_\_
2. Name ( **In Block Letters**) \_\_\_\_\_
3. Father's/Husband's Name: \_\_\_\_\_
4. Marital Status : \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_
6. Category :    **UR**    **SC**    **ST**    **OBC**
7. Sex : Male / Female
8. Whether exempted from Fee :    Yes    \    No



If 'NO' : D.D.No : \_\_\_\_\_ Date : \_\_\_\_\_

Bank : \_\_\_\_\_

9. Address a: Permanent : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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- b. For Correspondence : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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10. Contact No: (M) \_\_\_\_\_ (R) \_\_\_\_\_

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11. Educational Qualification :

Sr.No	Name of Exam	University	Percentage	Year of passing

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- 
- 
- 
12. Experience :

Sr.No	Name of Employer	From	To	Post Health

(PTO)

**13. MCI/State Medical Council Registration No:** \_\_\_\_\_

( With photocopy of Registration certificate)

**14. List of enclosures :**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_

**DECLARATION**

I hereby solemnly declare and affirm that all 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 being found untrue / false / incorrect my candidature is liable to be cancelled / terminated, besides taking any other action deemed fit in his regard. I will have not claim for absorption after terminated / completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.

Date :

Signature of Candidate

Place :

Name : \_\_\_\_\_