



## ESIC HOSPITAL

Website: www.esic.nic.in EMPLOYEES' STATE INSURANCE CORPORATION Office: 0462- 2502199  
Email: ms-tirunelveli@esic.in VANNARPETTAI, TIRUNELVELI Fax no: 0462- 2502399  
TAMIL NADU- 627003

### **Walk in interview for Recruitment of Part Time Specialists for ESIC Hospital, Tirunelveli**

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

S.NO.	SPECIALITY	VACANCY
1.	General Medicine	1
2.	Radiology	1
3.	Pathology	1

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

#### **II. 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 speciality.

#### **III. Emoluments per Month:**

- 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.

Interested candidates may appear for walk- in- interview on **25.08.2014** at 9 PM along with Application, Testimonials (in Original), copies of certificates and recently taken 2 passport size photos. The application shall be submitted on or before 20.08.2014.

#### **Terms & Conditions:**

- The applicant must bring with them original Certificates along with bio-data.
- No TA/DA will be paid to attend the interview.

**MEDICAL SUPERINTENDENT**



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**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 \_\_\_\_\_

Affix attested Recent passport Size photo
Signature of the Candidate

(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)

**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