



Chinta se Mukti

क्षेत्रीय कार्यालय:पुदुच्चेरी
कर्मचारी राज्य बीमा निगम
सं.178, अंसारी दुरईसामी नगर
100 फीट रोड, पुदुच्चेरी-605 004

REGIONAL OFFICE : PUDUCHERRY
EMPLOYEES' STATE INSURANCE CORPORATION
No.178, Ansari Duraisamy Nagar,
100 Feet Road, Puducherry – 605 004.

WALK-IN-INTERVIEW FOR APPOINTMENT OF PART TIME SPECIALISTS

Walk -in-interview for appointment of Part -Time Specialist on contract basis for a period of one year initially subject to extension from time to time as per requirement, to work in ESI Hospital, Gorimedu, Puducherry.

Date & time of interview	Department / Post of	No. of vacant post in ESI Hospital
23-08-2012(Thursday), 11.00 a.m. To 12.00 noon	Medicine	01
23-08-2012(Thursday), 12.00 noon To 2.00 p.m	Surgery	01
23-08-2012(Thursday), 12.00 noon To 2.00 p.m	Orthopaedics	01
	TOTAL:	03
Venue: Regional Office, ESI Corporation, 100 Feet Road, Opp. To RTO, Mudaliarpet, Puducherry-605 004. Phone No. 0413-2353772 / 7642		

Note: The Candidates are requested to report at this office with their certificates / testimonials between 9.30 A.M. and 10.00 A.M. for verification of the certificates.

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 specialty.

ADMISSIBLE SALARY/HONORARIUM:

- I) ₹ 40,000/- P.M for 2 sessions per day x 5 days in a week. Duration of each session is of two hours.
- II) ₹ 1,000/- for an extra session of two hours.
- III) Attending emergency call ₹ 1,000/- subject to a maximum of ₹ 8,000/- per month, on giving undertaking to be available for emergency call duty after the schedule timings.

AGE LIMIT: _ Not exceeding **64 years**.

Interested candidates may appear for Walk-in-Interview along with application, testimonials (In original), copies of certificates and recently taken two (2) passport size photos at the said date and time, as above.

Application can be downloaded from the website www.esicpondicherry.com/
www.esic.nic.in.

(DR.(Mrs) NIRMALA AIYAR)
STATE MEDICAL COMMISSIONER
PUDUCHERRY



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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 _____

(With e-mail address) _____

And telephone number _____

6. Permanent Address _____

(With telephone Number) _____

7. Sex _____

8. (i) (a) If physically handicapped **YES / NO**

(Orthopedically handicapped)

(b) Percentage of Disability _____

(ii) Whether Ex-serviceman

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 & 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