



विद्या से मुक्ति

Employees' State Insurance Corporation

Model Hospital and Occupational Disease Centre

Nanda Nagar, Indore – 452011

Tele - 0731-2554411 / Fax-0731-2559080

E-Mail: ms-indore@esic.nic.in / www.esic.nic.in

RECRUITMENT TO THE POSTS OF 3 YEAR SENIOR RESIDENT

Applications are invited for the posts of Senior Resident in ESIC & ODC Model Hospital, Nanda Nagar Indore, in different specialities on **3 years tenure basis** subject to renewal/extension every year, as given below.

Sl. No.	Speciality	No. of vacancies
1	Anaesthesia	05
2	Obst & Gynae	03
3	Dermatology & STD	01
4	Orthopaedics	04
5	General Surgery	03
6	Medicine + ICU	07
TOTAL :		23

Note : 1. Vacancies are likely to change depending upon actual requirement at the time of interview. 2. The competent authority reserves the right to fill up of all or not to fill up any post. 3. No TA/DA will be admissible for the interview.

Qualification: MBBS and PG Degree or Diploma in concerned speciality from recognized university. If such candidates are not available in particular speciality, those without PG qualification having at least two years experience after M.B.B.S. out of which one year Junior Residency from a Government Hospital in the concerned speciality can be considered.

Age : Not exceeding 35 years as on 24/09/2012 (Relaxation for SC/ST/OBC/ PH/ Ex-Serviceman as per rules).

Reservation: UR- 08, SC- 04 (01 backlog), ST- Nil, OBC- 11 (07 backlog). OBC certificate should be in the prescribed form, as per Govt. of India instructions, which should certify that the candidate does not belong to any one of the creamy layers. Reservation for PH will be considered as per rules.

Emoluments: Basic pay Rs. 25,350/- (18,750 + 6600 GP) + NPA and DA + HRA + TA at applicable rate. It would be reduced by Rs. 600 /- Per month for diploma holder and per month Rs. 1210 /- with be reduced per month for non PG Candidates

Applications in prescribed proforma as per **Annexure –“A”** should reach to MS, ESIC Model Hospital, Nanda nagar, Indore on/before date 24 / 09 /2012 at 4.00 pm. Application received after closing date & time will not be entertained/considered. The Demand Draft of Any Nationalized Bank for Rs. 250/- in favour of “ESI Fund Account No. 1” and payable at “Indore” (No fee for SC/ST/PWD/Ex Servicemen and Women candidates) should be attached along with application. Envelope containing the application must be mention with “Application for the post of 3 Yrs. Senior Resident”.

Medical Superintendent

**Application for the post of 3 Year Senior Resident on contract basis in ESIC
Model Hospital Cum Occupational Disease Centre,
Nanda Nagar Indore(M.P.)**

Department for which applying.....

Recent pass-
Port size
photograph duly
attested by
gazzeted officer

- 1 Name (In block letters) : _____
- 2 Father's/Husband's Name : _____
- 3 Permanent Address : _____
: _____
- 4 Correspondence Address : _____
: _____
- 5 Telephone/ Mobile Number : _____
- 6 Date of Birth : _____
- 7 Age as on 24-09-2012 : _____ Years _____ Months _____ Days
- 8 Whether SC/ST/OBC/General/ PH : _____
- 9 Educational/Professional Qualification :-

DEGREE/DIPLOMA/PG DEGREE	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS (if any)
MBBS				
PG DIPLOMA ()				
PG DEGREE ()				
DNB ()				
ANY OTHER				

- 10 Work Experience :

S. No.	Post held	Institution	Period (Dates:- from – to)	Period in mths/year
1				
2				
3				
4				

- 11 Whether worked/working as Senior Resident
in any Central/State Govt. if yes :1 period of SR ship from_____to_____
- :2 Name of organization & Address_____
- _____
- _____
- 12 Registration No. :_____
- 13 Have you ever been dismissed
or Punished. :_____

Declaration:- I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incorrect/incomplete or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled and in the event of any statement/information found false/incorrect even after my appointment, my services are liable to be terminated without any notice. I am citizen of India by birth/domicile.

Date.....

Signature of the candidate:.....

Check list of enclosures attached:

- | | |
|--|----------|
| 1. Date of Birth Certificate | Yes / No |
| 2. Degree Certificate along with attempt Certificate | Yes / No |
| 3. Diploma Certificate along with attempt Certificate, if applicable | Yes / No |
| 4. Experience Certificate, if applicable | Yes / No |
| 5. MCI Registration Certificate | Yes / No |
| 6. Caste (SC/ST/OBC) Certificate, if applicable | Yes / No |