



**ESIC MODEL HOSPITAL Cum ODC & PGIMSR**

( ISO 9001-2008 CERTIFIED )  
MIDC, ANDHERI-(E), MUMBAI-400 093.  
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WEB SITE : [www.esicmh-andheri.org](http://www.esicmh-andheri.org) E-Mail : [ms-andheri@esic.nic.in](mailto:ms-andheri@esic.nic.in)

**Walk in interviews for Appointment of Full Time Specialist on contract Basis.**

**FULL TIME SPECIALIST ON CONTRACT (1-YR)**

SR. NO.	DEPARTMENT	NO. OF POSTS				DATE & TIME OF INTERVIEW	AGE AS ON (17-09-12)	QUALIFICATION	EMOLUMENTS	VENUE
		UR	OBC	SC	ST					
1	RADIOLOGY	01	-	-	-	01	17-09-12 (02.00 pm)	1) Up to 45 years of age. or 2) Retired up to 64 years of age (Spl. Only)	1) Basic Rs.25350 + NPA + DA + HRA. 2) For retired employees : Last Pay Drawn minus pension + DA minus DA on pension + NPA .	Office of Medical Superintendent, ESIC Model Hospital cum ODC, Central Road, MIDC, Andheri-East, Mumbai-400 093.
2	MICROBIOLOGY	-	01	-	-	01	17-09-12 (02.30 pm)	P.G. Degree / Diploma having experience (Post PG) of 3 years / 5 years respectively in particular Speciality.		
3	PATHOLOGY	01	-	-	-	01	17-09-12 (03.00 pm)			

**Note :**

- 1) Reservation as per Central Government Rule.
- 2) ESI Corporation may increase or cancel filling up of any post.
- 3) Selected candidates will have to sign Agreement of Terms & Conditions.
- 4) Private practice will not be allowed for Full Time specialist.
- 5) Interested candidates may present for the Walk in Interview as per given Schedule along with their original Documents & xerox copies supporting of their Date of Birth Proof, Educational Qualification, Experience Certificates, Caste Certificates as per Govt. of India formats, Non-Creamy Layer Certificates in case of OBC. They are advised to appear for Interview with duly filled "Annexure-A" which are available on website.

MEDICAL SUPERINTENDENT

(ANNEXTURE-A)

RECRUITMENT FOR THE POST OF SUPER SPECIALIST, SPECIALIST, JUNIOR & SENIOR RESIDENT IN ESIC  
MODEL HOSPITAL AND PGI-MSR, ANDHERI AND PAREL

POST : \_\_\_\_\_ SPECIALITY : \_\_\_\_\_

Affix Recent  
Photograph

1. NAME : \_\_\_\_\_

2. DATE OF BIRTH : \_\_\_\_\_ MARITAL STATUS : \_\_\_\_\_

3. ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. CONTACT NO. : \_\_\_\_\_ E-Mail : \_\_\_\_\_

5. CATEGORY (UR/SC/ST/OBC) : \_\_\_\_\_

6. M.B.B.S. (Year of Passing ) : \_\_\_\_\_

7. POST GRADUATION (DEGREE/DIPLOMA)

SR	DEGREE / DIPLOMA	YEAR OF PASSING	UNIVERSITY / INSTITUTE
1			
2			
3			

8. MEDICAL COUNCIL REGISTRATION NO. : \_\_\_\_\_

9. NAME OF THE MEDICAL COUNCIL : \_\_\_\_\_

10. EXPERIENCE

SR	DESIGNATION & INSTITUTE	FROM	TO	PERIOD
1				
2				
3				

11. Presently working as Designation \_\_\_\_\_ Name of Institution \_\_\_\_\_  
Govt./Private \_\_\_\_\_

12. NOC certificate from present employer taken / PPO copy available \_\_\_\_\_

I hereby declare that the information given above is true / correct to the best of my knowledge and belief. In case of any information is found false / incorrect at the later stage of the recruitment / appointment, I shall be bound by the decision of ESI Corporation.

Date & Place : \_\_\_\_\_

(Signature of Candidate)