EMPLOYEES' STATE INSURANCE CORPORATION  
DENTAL COLLEGE  
[Under Ministry of Labour & Employment, Govt. of India]  
SEDAM ROAD, KALABURAGI-585106

Ph. No.-08472-265563  
No.-532/GLBDC/12/12(I)/Estt.2019  
Date: 18.02.2020

ADVT NO. - 03/2020

RECRUITMENT FOR THE POST OF TUTOR ON 12.03.2020 & 13.03.2020  
(ON CONTRACTUAL BASIS)

Applications are invited for the post of Tutor on contractual basis at ESIC Dental College, Kalaburagi, Karnataka for the Walk-in Interview.

Details of vacancies and reservation position are appended below:

DETAILS OF VACANCIES

1. Post: Tutor

<table>
<thead>
<tr>
<th>S No.</th>
<th>Name of post</th>
<th>No. Of Post</th>
<th>Reservation</th>
<th>Qualification</th>
<th>Age not exceeding as on date of interview</th>
</tr>
</thead>
</table>
| 1.    | Tutor        | 21          | UR : 08     | BDS Degree from recognized Dental College with at least one year experience. | UR/EWS= 30 yrs  
OBC= 33 yrs  
SC/ST=35 yrs |
|       |              |             | EWS: 02     |               |                                        |
|       |              |             | OBC : 06    |               |                                        |
|       |              |             | SC : 03     |               |                                        |
|       |              |             | ST : 02     |               |                                        |

- Reservation of Person with Benchmark Disability (PWD) and Ex-Serviceman will be as per prevailing guidelines of Government of India
- 03 vacancies are reserved for Person with Benchmark Disability(PWD) as per Dopt office memorandum no. 36035/02/2017-Estt(Res) dated 15/01/2018

Note: 

1. **AGE LIMIT: Not exceeding 64 years as on date of the interview.**
2. Numbers of vacancies are provisional and may increase or decrease at a later stage, depending on actual requirement.
3. Age relaxation is applicable to reserved candidates as per Central Government Rules in vogue.
4. ESIC reserves the right to cancel the recruitment process at any stage at its discretion and such decision will be binding on all concerned.
5. Candidates intending to apply for more than one post have to fill separate application form for each post.
6. Educational Qualifications shall be as per DCI guidelines.

8. Relaxation in upper age limit shall be applicable to SC, ST, OBC, Persons with Disabilities, Ex-Servicemen and other categories of persons as per the instructions/orders of the Central Government of India.

9. Candidates claiming reservation/age relaxation on grounds of OBC should submit the community certificate in updated original as per Annexure-II, as prescribed vide Govt of India, failing which benefits of reservation/age relaxation will not be given and their application shall be rejected. Certificate issued in other format will not be accepted and candidate will be treated as general category for all purpose.

10. As per DCI Norms, the candidate should not have presented themselves to any other institution as a faculty in the current academic year (2019-20) for the purpose of DCI Inspection.

1. PAY & ALLOWANCES:

   a. ESIC has adopted Consolidated Remuneration structure for Contractual Faculty (Teaching Faculty and as per ESIC Headquarters letter No. A-12/16/6/2018 (Contractual -Exam) dated: 23/01/2018.
   
   b. Candidates appointed on contractual basis will be paid Consolidated Pay as per the 7th CPC.

Details are as under:

<table>
<thead>
<tr>
<th>S No.</th>
<th>Post</th>
<th>Consolidated Amount Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tutor</td>
<td>Rs. 76000/-</td>
</tr>
</tbody>
</table>

   c. In addition to above, no other allowances like DA, NPA, HRA etc. would be payable.
   
   d. No Private Practice is allowed during the tenure of service in ESIC.
   
   e. Persons working in recognized/approved Private Dental Institutions fulfilling eligibility criteria for the post may also apply.
   
   f. He/She will be required to deposit a Security Deposit of Rs. 56,000/- for the Post of Tutor through Demand Draft in favour of ESI Corporation payable at Gulbarga at the time of joining which is refundable after completion of contract period and production of “No Dues Certificate”.
   
   g. The amount of Rs. 56,000/- for the post of Tutor will be appropriated towards the ESI Fund in case the appointed candidates terminates his contract within six (06) months of the date of reporting towards Administrative cost.

2. TERMS OF CONTRACT:

   a. Selected candidates shall be appointed purely on contractual basis. Contractual Period is of 1 year only. No extension will be granted.
   
   b. The Contractual engagement may be terminated/discontinued on either side by giving one month prior notice to this effect without assigning any reason.
   
   c. Other terms and conditions will be applicable as issued by competent authority from time to time.
d. This being 1 yr contract, absence for period beyond 15 days will be treated as abandonment of duty and the contract will be terminated without any reason.

3. HOW TO APPLY:

a. The candidate should check his/her eligibility against the advertised criteria for the post before applying.
b. Application Form (Annexure A) will be available on-line with the Advertisement. All the candidates are requested to fill the application form before registration process on 12.03.2020.
c. Candidates are requested to report by 9:00 AM at the venue on 12.03.2020.
d. Candidates should produce all the original documents in respect of all the parameters filled in the form at the time of verification on the day of Walk-in-interview.
e. Please bring filled Application Forms along with original set of certificates (list is appended below) and 02 sets of self attested photocopies, 2 copies of recent passport size photograph and the relevant certificates issued by the competent authority in the prescribed format by Government of India, Department of Personnel & Training for consideration of reservation to the reserved candidates failing which they will not be allowed for interview.

<table>
<thead>
<tr>
<th>List of Documents to be produced at the time of Document Verification :-</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SSLC/10th Standard Certificate as proof of age.</td>
</tr>
<tr>
<td>• B.D.S. Certificate</td>
</tr>
<tr>
<td>• M.D.S. Certificate (if applicable)</td>
</tr>
<tr>
<td>• Internship completion certificate (if applicable).</td>
</tr>
<tr>
<td>• Registration with State Dental Council with latest renewal.</td>
</tr>
<tr>
<td>• Caste certificate issued by the Competent Authority (if applicable).</td>
</tr>
<tr>
<td>• Experience Certificate</td>
</tr>
<tr>
<td>• NOC.</td>
</tr>
<tr>
<td>• Proof of ID.</td>
</tr>
<tr>
<td>• Passport six 02 photograph.</td>
</tr>
<tr>
<td>• Research &amp; Publication as per DCI. (If any)</td>
</tr>
<tr>
<td>• Other documents if any.</td>
</tr>
</tbody>
</table>

"No photocopies will be arranged /provided by the office under any circumstances".

4. SELECTION PROCEDURE:

a. Selection will be made on basis of interview of candidates which will be conducted by the duly constituted selection board.
b. All eligible candidates should register their names at the registration counter (College building) on 12.03.2020 for MCQ Test of 30 Marks of one hour duration from 2:00 PM to 3:00 PM & only Shortlisted candidates will be called for Interview on 13.03.2020
c. Selected candidates will have to join immediately after the receipt of offer of Appointment. No extension in date of joining will be provided under any circumstances.
d. The final selection will be based purely on performance in the interview.

5. GENERAL CONDITIONS:

a. Mere submission of application form does not confer any right to the candidate to be interviewed.
b. The applications found to be incomplete, will be summarily rejected.
c. Wrong declarations/submissions of false information or any other action by the candidate, contrary to the law shall lead to the cancellation of the candidature at any stage.
d. On the day of Walk-in-Interview, the already working candidate should produce a “No Objection Certificate” (NOC) from the present employer
e. Opportunity of interview given to candidates will be on provisional basis
f. The candidate who has applied for higher post(s) may opt for lower post(s) in the same department at the time of interview.
g. The interview shall be conducted at the Office of the Dean, ESIC Dental College, Kalaburagi. However, ESIC reserves the right to change the dates, if needed.
h. Canvassing in any form will lead to disqualification.
i. The ESIC, reserves the right to cancel the recruitment process at any stage at its discretion and such decision will be binding on all concerned.
j. Rules of reservation will be implemented as per Govt. of India instructions.
k. No TA/DA will be admissible for interview or joining
l. Selected candidates will be eligible for 01 (One) day leave.
m. No claim for any services/benefits like PF, Pension, Gratuity, Dental Allowances, Seniority, Promotion and Leave will be admissible.

6. IMPORTANT DATES AND TIMINGS

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Event</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Registration time</td>
<td>12.03.2020</td>
<td>09:00 AM to 11:00 AM</td>
</tr>
<tr>
<td>2.</td>
<td>Document Verification</td>
<td>12.03.2020</td>
<td>10:00 AM to 12:00 PM</td>
</tr>
<tr>
<td>3.</td>
<td>Written Test MCQ</td>
<td>12.03.2020</td>
<td>2:00 PM to 3:00 PM</td>
</tr>
<tr>
<td>4.</td>
<td>Result of MCQ Test</td>
<td>12.03.2020</td>
<td>On or before 6PM</td>
</tr>
<tr>
<td>5.</td>
<td>Walk-in- Interview</td>
<td>13.03.2020</td>
<td>09:00 AM onwards</td>
</tr>
</tbody>
</table>
### Amount of Application Fee: For all posts

<table>
<thead>
<tr>
<th>SI No.</th>
<th>Category</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SC/ST/ESIC Candidates/Female Candidates &amp; Ex-Servicemen</td>
<td>Nil</td>
</tr>
<tr>
<td>2.</td>
<td>All other categories</td>
<td>Rs. 225/-</td>
</tr>
</tbody>
</table>

### 7. Mode of Payment:

A Demand Draft of Rs. 225/- in favour of 'ESI Corporation', drawn on any scheduled bank payable at “Kalaburagi” has to be submitted along with the Application Form at the time of the Walk-in-Interview.

I. Note: Fee once paid will not be refunded under any circumstances.

II. Only Demand Draft drawn on any Scheduled Bank will be accepted. Application Fee paid by any other mode will not be accepted.

III. The Demand Draft must be issued after the date of issue of this advertisement.

IV. Separate Demand Drafts to be paid if candidate applies for more than one post.

Note: Candidates may contact DEAN OFFICE, ESIC DENTAL COLLEGE, Kalaburagi, Karnataka, at Phone No. – 08472-265563 between 11:00 AM to 4:00 PM on working days for any clarification. They may also send their queries, if any, on E-Mail: deande-

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Note: 

E.g.: gb.kar@esic.nic.in.
Application for the Post of Tutor

SL.No. ...........................................(To be entered by the Office)
1. NAME..........................................................
2. D.O.B....................................................Category..........................
3. Address with Contact No. ..........................................................
..........................................................................................
..........................................................................................
E-mail ID..........................................................
4. BDS [Year of Passing]..........................................................
5. Post Graduate [Degree/Diploma]..................................................

<table>
<thead>
<tr>
<th>SL.No</th>
<th>Degree/Diploma</th>
<th>Year of Passing</th>
<th>Aggregate Marks/out of</th>
<th>Percentag</th>
<th>University/Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
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<td>2</td>
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<td>3</td>
<td></td>
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</tbody>
</table>

6. Name of Dental Council..........................................................
7. DCI Registration No.............................................................

1. Essential Experience [After qualifying Post Graduate Degree as per DCI]

<table>
<thead>
<tr>
<th>SL.No</th>
<th>Designation</th>
<th>From</th>
<th>To</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

9. Other [Research Paper/Publications etc]........................................

10. Presently working as Designation...........................................

Name of Institution........................................................................
Govt./Private...........................................................................

11. 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 any information is found false/incorrect at the later stage of recruitment, appointment, I shall be bound by the decision of ESI Corporation.

Date............................................................. Signature..........................................

Attach recent passport size photograph - self attested
Government of .......... (Name & Address of the authority issuing the certificate)

INCOME & ASSESS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. ___________ Date: ________________

VALID FOR THE YEAR ______________

This is to certify that Shri/Smt./Kumari ____________ son/daughter/wife of ____________ permanent resident of ____________ Post Office ____________ District ____________ in the State/Union Territory ____________ Pin Code ____________ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _______. His/her family does not own or possess any of the following assets***:

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
III. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari ____________ belongs to the ______ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office ____________
Name ____________
Designation ____________

Recent Passport size attested photograph of the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term “Family” for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

***Note 3: The property held by a “Family” in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. [Signature]
OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri / Smt. / Kum.* of Village / Town* in the District / Division* of State belongs to the community which is recognized as a backward class under:

(i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
(ii) Resolution No. 12011/69/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
(iii) Resolution No. 12011/70/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 68 dated 25/05/95.
(v) Resolution No. 12011/14/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
(vi) Resolution No. 12011/13/97-BCC dated 03/12/97
(vii) Resolution No. 12011/98/94-BCC dated 11/12/97
(viii) Resolution No. 12011/10/99-BCC dated 27/10/99
(xii) Resolution No. 12015/9/2000-BCC dated 08/09/2001
(xiii) Resolution No. 12011/11/2001-BCC dated 19/06/2003
(xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004
(xvii) Resolution No. 12015/2/2007-BCC dated 18/08/2010

Shri / Smt. / Kum. of District / Division of and / or his family ordinarily reside(s) in the State. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2006 or the latest notification of the Government of India.

Dated:

District Magistrate / Depute Commissioner / Competent Authority

Seal

* Please delete the word(s) which are not applicable.

NOTE:

(a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
(b) The authorities competent to issue Caste Certificates are indicated below:
(i) District Magistrate / Additional Magistrate / Collector / Depute Commissioner / Deputy Collector / Ist Class Ispendarya Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Ispendarya Magistrate).
(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
(iii) Revenue Officer not below the rank of Tehsildar' and
(iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.
FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India)

This is to certify that Shri/Shrimati/Kumari* son/daughter of

* of village/town/* in District/Division

belongs to the Caste/Tribes* which is recognized as a Scheduled

Castes/Scheduled Tribes* under:-

The Constitution (Scheduled Castes) order, 1950
The Constitution (Scheduled Tribes) order, 1950
The Constitution (Scheduled Castes) Union Territories order, 1951*
The Constitution (Scheduled Tribes) Union Territories Order, 1951*

As amended by the Scheduled Castes and Scheduled Tribes Lists(Modification) order, 1956,
the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of
Himachal Pradesh Act 1970, the North-Eastern Area(Reorganization) Act, 1971 and the
Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956
The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended
by the Scheduled Castes and Scheduled Tribes order (Amendment Act), 1976*,
The Constitution (Dadra and Nagar Haveli) Scheduled Castes order 1962.
The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962@.
The Constitution (Pondicherry) Scheduled Castes Order 1964@
The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @
The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@
The Constitution (Goa, Daman & Diu) Scheduled Tribes Order 1968 @
The Constitution (Nagaland) Scheduled Tribes Order, 1970 @
The Constitution (Sikkim) Scheduled Castes Order 1978@

The Constitution (Jammu & Kashmir) Scheduled Tribes Order 1989@
The Constitution (SC) orders (Amendment) Act, 1990@
The Constitution (ST) orders (Amendment) Ordinance 1991@
The Constitution (ST) orders (Second Amendment) Act, 1991@
The Constitution (ST) orders (Amendment) Ordinance 1996

%2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated
from one State/Union Territory Administration.
This certificate is issued on the basis of the Scheduled Castes/ Scheduled tribes certificate issued to Shri/Shrimati__________________________ of village/town__________________________ of the State/Union Territory__________________________ who belong to the Caste/Tribe__________________________ which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory__________________________ issued by the__________________________ dated__________________________.

%3. Shri/Shrimati/Kumari__________________________ and/or ____________________________ his/her family ordinarily reside(s) in village/town__________________________ of District/Division__________________________ of the State/Union Territory__________________________

Signature__________________________

** Designation__________________________ (with seal of office)

Place__________________________

Date__________________________

* Please delete the words which are not applicable

@ Please quote specific presidential order

% Delete the paragraph which is not applicable.

NOTE: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

** List of authorities empowered to issue Caste/Tribe Certificates:


(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.
FORM OF CERTIFICATE TO BE PRODUCED BY
PHYSICALLY HANDICAPPED CANDIDATES

I, Dr. ........................................... Regn. No. ............... have examined
Shri/Miss/Mrs. ........................................... whose particulars are given below and
hereby certify that she / he is a permanent physically handicapped person of the following
category which is covered by the Rules of the combined, civil, medical, IFS, ISS, Services
Examination, etc.

i. One leg affected (right or left)
ii. One leg and partial arm affected (right or left)
iii. Both legs affected but not arms
iv. One leg or arm affected
v. Deaf/partially Deaf
vi. Blind/partial blind

(Delete the category whichever is not applicable)

2. The percentage of disability in his/her case is ..................................................

3. Shri/Miss/Mrs. ........................................... meets the following physical requirement
for discharge of his / her duties:

(1) JF - Work performed by manipulating (with Fingers).
(2) PP - Work performed by pulling and pushing.
(3) L - Work performed by lifting.
(4) KC - Work performed by kneeling and crouching
(5) B - Work performed by bending.
(6) S - Work performed by sitting (on bench or chair).
(7) ST - Work performed by standing.
(8) W - Work performed by walking.
(9) SE - Work performed by seeing.
(10) H - Work performed by hearing / speaking.
(11) RW - Work performed by reading and writing.

(Delete whichever is not applicable)
4. Shri / Miss/Mrs. ........................................... does not suffer from any other disease (communicable or otherwise) constitutional weakness of bodily infirmity that may interfere with the efficient discharge of this duties as an officer under the Government of India.

(1) Name of Candidate .................................................................
(2) Father’s Name ........................................................................
(3) Identification Mark ..................................................................
(4) Sex ........................................................................................
(5) Age ......................................................................................

Signature of Surgeon/Medical Officer

Designation ..............................

........................................
Office Stamp.............................

........................................
Signature of Candidate

Address.................................

Note:

1. The disability certificate should be issued by a Government Hospital / Medical Board.

2. For being valid, such a certificate should not be more than three year old.