



चिकित्सा अधीक्षक का कार्यालय
OFFICE OF THE MEDICAL SUPERINTENDENT

क. रा. बी. आदर्श अस्पताल, राउरकेला – 4

ESIC MODEL HOSPITAL, ROURKELA-4

(श्रम एवं रोजगार मंत्रालय: भारत सरकार Ministry of Labour and Employment : Govt of India)

आई.एस.ओ. 9001 : 2008 प्रमाणित ISO 9001 : 2008 CERTIFIED

442-U-16/63/MH/RKL/2011-Admn.

Dated.09.10.2018

ADVERTISEMENT FOR RECRUITMENT / INTERVIEW OF CONTRACTUAL PART TIME SPECIALISTS IN ESIC MODEL HOSPITAL, JAIL ROAD, ROURKELA.

Applications are invited for immediate engagement of four Part Time Specialists in the department of Orthopaedics, Paediatrics, Skin & VD and TB & Chest for one year only on contractual basis in ESIC Model Hospital, Rourkela as per details below:

| Sl.No. | Department | No. of Posts |
|--------|--------------|--------------|
| 01 | Orthopaedics | 01 |
| 02 | Paediatrics | 01 |
| 03 | Skin & VD | 01 |
| 04 | TB & Chest | 01 |

Qualification : Post Graduate Degree or equivalent (after MBBS) with minimum 3 years experience / PG Diploma with minimum 5 years experience in respective speciality.

Age : Not exceeding 64 years as on the date of Interview i.e. 01.11.2018.

Remuneration : (a) Rs. 40,000/- per month for two hours session per day X five days in a week. (b) For extra session of two hours = Rs. 1000/-. (c) On giving undertaking to be available for emergency call duty, after the schedule timings = Rs.8,000/- per month.

Date and Time of Interview : 01.11.2018 (10.00 A.M. onwards)

Reporting Time : 09.30 A.M.

Venue of Interview : Conference Hall, ESIC Model Hospital, Jail Road, Near Govt. ITI, Rourkela - 769 004. (Odisha).

How to apply : The eligible and desirous candidates should submit their application duly filled and signed in prescribed proforma as per "Annexure-A" alongwith other documents in the Office of the Medical Superintendent, ESIC Model Hospital, Rourkela on or before 24.10.2018. Candidates can also send the signed application alongwith self attested copies of documents in the e-mail of mh-rourkela@esic.nic.in latest by 24.10.2018. After scrutiny of documents, eligible candidates will be informed through e-mail for appearing in the interview on the schedule date i.e. 01.11.2018. The application form may be downloaded from website www.esic.nic.in.

Documents to be submitted alongwith the application form:

1. Application form duly filled / signed.
2. Proof of Date of Birth / HSC / 10th standard Certificate or equivalent.
3. Certificates in support of educational qualifications.
4. Registration certificate with the concerned Medical Council / State Government Registration.
5. Caste Certificate (If applicable)
6. Experience Certificate.

Besides, the eligible candidates are required to bring the original certificates / testimonial during the time of interview, to be held on dated.01.11.2018.

Terms & Conditions:

1. The appointment will be on contractual basis and initially for a period of one year, which can be extended further on an annual basis, if necessary, subject to satisfactory performance and conduct report from the Head of the Department and as per actual requirement.
2. Vacancies are likely to change depending upon actual requirement at the time of interview.
3. No TA / DA will be paid to candidates for appearing in the interview.
4. The Medical Superintendent reserves the right to fill up all or any of the vacancy / post.
5. The Medical Superintendent reserves the right to alter the date or cancel the interview without assigning any reason thereof.
6. The selected candidates shall have to join duty immediately or the date indicated in the offer of appointment / engagement letter likely to be issued.
7. Hostel Accommodation / quarters will not be provided.
8. The appointment shall not confer any right or preference for regular appointment in E.S.I.Corporation.
9. The decision of the selection board will be final in all aspects of selection and no further correspondence will be entertained under any circumstances.
10. At the time of joining, selected candidates will have to sign an "CONTRACT AGREEMENT" as per ESIC norms on non-judiciary stamp paper of **Rs.100/- (Rupees One hundred only)**.

MEDICAL SUPERINTENDENT

APPLICATION FORM

1. Post applied for : _____
2. Speciality / Department applied for: _____
3. Name (in Block letters) : _____
4. a) Father's / Husband's Name : _____
b) Mother's Name : _____
5. a) Date of Birth : _____
b) Age as on the date of 01/11/2018 : _____ years _____ months _____ days.
6. Permanent Address : _____

7. Correspondence Address : _____

8. E-mail : _____
9. Telephone / Mobile Number : _____
10. Religion : _____ 11. Nationality : _____
12. Category (SC/ST/OBC/General) : _____
13. Whether married / Unmarried : _____
14. Mother tongue : _____
15. Whether PH : YES / NO : _____
16. Educational / Professional Qualification (HSC onwards)

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passport size
photograph

| Sl.No. | Name of the Examination | Board/ University | Percentage Marks | Year of Passing |
|--------|-------------------------|-------------------|------------------|-----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

17. Medical Council /State Registration No. : _____
18. Name of the Medical Council : _____

19. Work Experience with certificate :

| SI.No | Post held | Institution | Period | | Duration | |
|-------|-----------|-------------|--------|----|----------|-------|
| | | | From | To | Year | month |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

20. Identification Mark : _____

21. NOC Certificate from present employer if employed in Government institution : Yes/No.

22. Have you ever been dismissed or punished : _____

Declaration: I do hereby declare and affirm 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 / incomplete / incorrect 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 a citizen of India by birth / domicile.

Date :

Signature of the Candidate

Place :

Name:.....