



No. 412-U-19/11/2011-Ayush(Homeo)

Date : 17/01/2018

WALK IN INTERVIEW FOR THE POST OF PART TIME HOMEOPATHY PHYSICIAN AND PART TIME HOMEOPATHY PHARMACIST AT ESIC HOSPITAL & ODC(EZ), JOKA, KOLKATA.

Walk in interview for the post of Homeopathy Physician (Part Time) and Homeopathy Pharmacist (Part Time) will be held on 06.02.2018 and 09.02.2018 at ESIC Hospital & ODC(EZ), Joka, Kolkata – 700104.

Sl. No.	Name of the Posts	No. of post	Eligibility and Remuneration
1.	Homeopathy Physician (Part Time)	01 (UR)	Educational Qualification :- i) Degree in Homeopathy of Recognised University/Statutory State Board/Council or equivalent recognized under Homeopathic Central Council Act. 1973(59 of 1973). ii) Enrolment on the Central Register of Homeopathy or a State Register of Homeopathy. iii) Language test: The candidate shall have to pass a qualifying test of middle standard of official language of the state concerned where the vacancies are notified. Age: Not exceeding 30 years as on closing date of receiving of application. (Relaxation as per rule for SC/ST/OBC) Emoluments: Rs. 21,000 per month(Consolidated). (5 hrs. per day, 6 days a week)
2.	Homeopathy Pharmacist (Part Time)	01 (UR)	Educational Qualification :- i) Senior Secondary of equivalent. ii) At least 2 years experience as a Homeopathic Pharmacist in a Govt. or recognized Private Homeopathic Hospital/Dispensary or 03 years experience under a registered Homeopathic practitioner. Age: Not exceeding 27 years as on closing date of receiving of application. (Relaxation as per rule for SC/ST/OBC) Emoluments: Rs 11,360/- per month (Consolidated). (5 hrs. per day, 6 days a week)

Date and Time of the Interview:-

Sl. No.	Date	Registration Timing	Interview Timing
Homeopathy Physician	06.02.2018	10:00 – 11:00	11: 30 onwards
Homeopathy Pharmacist	09.02.2018	10:00 – 11:00	11: 30 onwards

Venue of the Interview :- ESIC Hospital and ODC(EZ), Joka, Kolkata – 700104.

Documents to be submitted :-

1. Application form complete in all respects.
2. Two passport size Photographs.
3. Two set of self attested copies of the following documents along with the originals for verification :-
 - (a) Proof of Date of Birth (Birth certificate/Matriculation certificate).
 - (b) SSC/10th Standard Certificate or equivalent.
 - (c) Certificates for qualifications.
 - (d) Registration with the concerned Medical Council/Pharmacy Council of State Govt. Registration.
 - (e) Caste certificate(if required).
 - (f) Experience Certificate.

**Sd/-
Dean**

APPLICATION PROFORMA
(Please write in BLOCK letters only)

APPLICATION FOR THE POST.....

1. Full Name : _____
2. Father's/Husband Name : _____
3. Mother's Name : _____
4. Date of Birth (DD/MM/YYYY) : _____
5. Age as on closing date : _____
6. Religion : _____
7. Category (SC/ST/OBC/UR) : _____ (a) Sub Category (Ex-SM/PWD) _____
10. Address for Communication: _____

Please affix a recent colour passport size photograph with your signature across

PIN

11. Mobile No (Mandatory) _____

12. Email. I.D (Mandatory) _____

13. Permanent Address: _____

PIN

14. Academic and Professional Qualifications (Attach photocopies):-

Sl. No.	Exam Passed	Name of Board/ Univ./Institution	Subjects/ Specialization	Month & Year of Passing	Percentage of Marks/ Grade	Class/ Division

15. Medical/Pharmacy Council Registration No. : _____
16. Name of Medical/Pharmacy Council : _____

17. Experience /Particular of previous and present employment: -
(Attach photocopies & state in chronological order starting with most recent employment.)

Sl. No.	Name & address of Organization/ employer	Post held	Duration		Scale of Pay/ Pay band+ GP	Nature of duties Performed	Reason for Leaving
			From	To			

18. List of enclosure:-
1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

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 also declare that I have submitted one application only. I am fully aware that in the event of any particulars of information furnished by me is found to be false/incorrect/incomplete or for indulging in some unlawful act, my candidature for the post is liable to be summarily rejected/cancelled and in the event of any statement/information submitted found false/incorrect even after my appointment, my service are liable to be terminated without any notice.

Place: _____

Signature of candidate: _____

Date: _____

Name: _____