

क.रा.बी.नि.जनरल अस्पताल/ESIC GENERAL HOSPITAL

कर्मचारी राज्य बीमा निगम/EMPLOYEES' STATE INSURANCE CORPORATION श्रम एवं रोजगार मंत्रालय, भारत सरकार/MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA रेल्वे क्रोसिंग के पास, हिम्मतनगर हाइवे/NEAR RAILWAY CROSSING, HIMMATNAGAR HIGHWAY, नरोडा, पो - कुबेरनगर, अहमदाबाद(गुजरात)/NARODA, PO-KUBERNAGAR, AHMEDABAD (GUJARAT) - 382340 आई एस ओ 9001:2015 प्रमाणित/ ISO 9001:2015 CERTIFIED

दूरभाष: (079) 22812235-36,फ़ैक्स: (079) 22812333, ई-मेल/E-MAIL:ms-naroda.gj@esic.in

Date: 16.09.2017

No. 37/ESIC/NAR/PTS/Rectt./2017-18/

Walk-in-interview for Recruitment of Part Time Specialist

The Medical Superintendent, ESIC General Hospital, Naroda, Ahmedabad invites applications from the eligible candidates in the prescribed proforma for the posts of <u>PART TIME SPECIALISTS</u> on purely temporary basis for <u>ONE YEAR</u> or the regular incumbent joins, whichever is earlier as indicated below:

S. No.	SPECIALITY	VACANCY	Date of Interview	Reporting Time for
				Interview
1	General Physician	1 (One)	12.10.2017	10.00 AM
2	Radiologist	1 (One)	12.10.2017	11.30 AM
3	ENT	1 (One)	12.10.2017	01.30 PM
4	Gynaecologist	1 (One)	12.10.2017	02.30 PM

- I. Age: Not exceeding 64 years as on 01.10.2017.
- **II.** Qualification & Experience: Post Graduation degree or equivalent (after MBBS) with 3 years' experience after Post Graduation or 5 years' experience after Post Graduation Diploma in respective speciality.

III. <u>Emoluments per Month:</u>

- i) Rs. 40,000/- Per Month for 2 sessions per day and 5 days in a week. Duration of each session is of two hours.
- ii) Rs. 1,000/- for Extra session of Two Hours.
- iii) Attending emergency call Rs. 1,000/- subject to a maximum of Rs. 8,000/- P.M.

Interested candidates are dvised to attend the Walk-In-Interview on 12.10.2017 at ESIC General Hospital, Naroda, Ahmedabad with application in the prescribed proforma, all orginal documents for verification, one set of photo copies of all original documents, two recent passport size photographs (one affixed on the application) and **Application Form Fee** by way of Demand Draft of Rs. 250/- (Rupees Two Hundred and Fifty only) in favour of **ESIC Fund A/c No. 1 payable at Ahmedabad** except SC/ST candidates. No TA/DA will be paid to attend the interview.

Terms & Conditions:

- 1. Reservation policy is applicable as per Central Government rules.
- 2. The number of vacancies can be changed at any time without any intimation.
- 3. Selected candidates must have to sign an Agreement of Terms & Conditions on Rs. 100/-non-judicial stamp paper before joining and candidate will bear the applicable cost of stamp

- paper, notary charges etc.
- 4. Selected candidate shall deposit the Security Deposit of Rs. 10,000/- (Rupees Ten Thousand only) in the form of Demand Draft in favour of ESIC Fund A/c No. 1 payable at Ahmedabad from any Nationalised Bank before signing the Agreement.
- 5. No accommodation facility will be provided by ESIC for such selected candidates.
- 6. The competent authority reserves the right to fill up all or not to fill up any of the vacancies.
- 7. The contract period of one year is extendable for further one year on mutual consent of both the parties on the basis of satisfactory performance.
- 8. The selected candidates will engage himself/herself in the work assigned to him efficiently and diligently to the best of his/her ability. He/she will devote his/her whole time to his/her work and duties and will not be engage directly or indirectly in any trade, business or occupation.

-SD-Medical Superintendent



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	APPLICATION FORM	
1. Name of the Post Ap	pplied	
2. NAME (in capital le	tters)	Affix recent passpor size photo
3. Father's /Husband's	Name	
4. Category (SC, ST, O	BC, General):	
5. Age (as on 01.10.20	17)YearsMonthsDays	Signature of the Candidate
6. Date of Birth (in figu	ures)	L
(in words)		
7. (a) Religion	(b) Nationality	
8. Mailing Address		
	Pin:	
9. Permanent Address		
	Pin:	

10	0.E-Mail Id (If any	y)							
1	1.UID (Aadhaar) l	No							
1:	2. PAN no.								
1:	13. Contact Details (Cell no.)(Phone no.)								
14	4. Sex: (Male (01)	& Female (02)):						
1:	5.(i) (a) If physica (Orthoped (b) If yes, %	lically handicar		Yo	es / No				
10	16. Whether Ex-serviceman Yes / No								
1	7.Essential Educat	tional Qualifica	ition:						
Sl.	Name & Address of		Ι	Duration		Degree /		% of	
No.		y/College	From	From To		Diploma Passed		marks obtained	
						1 usseu	- 00	<u>tuillou</u>	
18. Date of Completion of compulsory Rotating Internship:									
19	9. Date of Registra	tion with MCI	/ SMC / DC	I	:				
20	0. Details of past E	xnerience in C	hronologica	1 order					
	Name of the				•				
_	anisation (please	Position (s) held and to	Period of		ture of &	Coole of	Dogia	Gross	
	pecify whether Central/State	whom	Service		sons for	Scale of Pay	Basic Pay	Pay	
	vt./Autonomous	reporting		le	aving				
bo	dy/Pvt. Sector)								

I hereby declare that the details provided in thi correct to the best of my knowledge and belief.	is application are true, complete and
I understand that in the event of any information my candidature / appointment shall be liable to be canc notice or any compensation in lieu thereof.	•
I also affirm that "No Objection Certificate" fro this post has been applied for/taken and I know that competent authority at the time of joining, if selected.	1 1 1 1 1
Place:	
Date:	Signature of the Candidate

21. Particulars of DD: No._____ Date_____ Bank_____ Amount___

Enclosure Checklist:

- 1. DD of Rs. 250/- (Application Form Fee).
- 2. Matriculation Certificate as proof of Date of Birth.
- 3. Photo copies of Educational Qualifications.
- 4. Photo copies of Past Experience Certificates.
- 5. Photo copies of Registration Certificates.
- 6. Photo copy of Caste Certificate.
- 7. Photo copy of PAN.
- 8. Photo copy of UID Card (Aadhaar).