mh-rourkela@esic.nic.in Phone: 9114929596

चिकित्सा अधीक्षक का कार्यालय



OFFICE OF THE MEDICAL SUPERINTENDENT क. रा. बी. आदर्श अस्पताल, राउरकेला — 4

ESIC MODEL HOSPITAL, ROURKELA-4

(श्रम एवं रोजगार मंत्रालयः 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.04.02.2019

<u>ADVERTISEMENT FOR RECRUITMENT / INTERVIEW OF MEDICAL</u> <u>OFFICERS AT ESIC MODEL HOSPITAL, JAIL ROAD, ROURKELA.</u>

Applications are invited for immediate engagement of three Part Time Specialist in the department of Paediatrics, Pulmonary Medicine and Skin & VD for one year on contractual basis or joining of regular Specialists, whichever is earlier and five nos. of Senior Residents in the department of Orthopaedics, Surgery, Paediatrics, Pulmonary Medicine and Medicine under 3 years Residency Scheme, extendable on annual basis on satisfactory performance and conduct in ESIC Model Hospital, Rourkela.

01. PART TIME SPECIALIST

SI.No.	Department / Speciality	No. of Posts	Reservation
01	Paediatrics	01	As per rule of Govt. of
02	Pulmonary Medicine	01	India
03	Skin & VD	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. 06.03.2019.

Remuneration : (a) Rs. 40,000/- per month for two sessions of two hours each 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.

02. SENIOR RESIDENTS UNDER 3 YEARS RESIDENCY SCHEME

(extendable on annual basis on satisfactory performance and conduct)

SI.No.	Department / Speciality	No. of Posts	Reservation
01	Orthopaedics	01	
02	Surgery	01	As per rule of Govt. of
03	Paediatrics	01	As per fule of Govt. of
04	Pulmonary Medicine	01	India
05	Medicine	01	

Qualification: Post Graduate Degree or Diploma in concerned speciality from a recognized university, registered with Medical Council of India or State Medical Council.

Age: Not exceeding 37 years as on the date of Interview i.e. 06.03.2019. Relaxation of age for SC & ST candidates will be as per rules.

Candidates belonging to OBC category should submit OBC Certificate issued not earlier than six months by a Competent Authority in the prescribed form as per Govt. of India instructions which should certify that the candidate does not belong to the creamy layers.

Remuneration: Level-11 as per 7th CPC with minimum pay of Rs.67700/- with other allowances at the usual rate as admissible per month from time to time as per rules.

Date and Time of Interview: 06.03.2019 (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 25.02.2019. 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 25.02.2019. After scrutiny of documents, eligible candidates will be informed through e-mail for appearing in the interview on the schedule date i.e. 06.03.2019. 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 / testimonials during the time of interview, to be held on dated. 06.03.2019.

Terms & Conditions:

- 1. The appointment will be 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 for 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:	Affix recent passport size	
3.	Name (in Block letters) :	photograph	
4.	a) Father's / Husband's Name :		
	b) Mother's Name :		
5.	a) Date of Birth :		
	b) Age as on the date of 06.03.2019 : 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)		

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

17.	Medical Council /State Registration No. :
	<u> </u>

18. Name of the Medical Council:

Work Experience with certificate: 19.

Place :

SI.No	Post held	Institution	Pei	Period		Duration	
			From	То	Year	month	
1							
2							
3							
4							

Date	:Signature of the Candidate	<u> </u>
true, c event incorre be rej even a	aration: I do hereby declare and affirm that all the statements made in this applicate complete and correct to the best of my knowledge and belief. I am fully aware that of any particulars or information furnished by me is found to be false / incomprect or ineligible or for indulging in some unlawful act, my candidature for the post is lejected / cancelled and in the event of any statement / information found false / in after my appointment, my services are liable to be terminated without any notice. In of India by birth / domicile.	t in the nplete / iable to ncorrect
22.	Have you ever been dismissed or punished :	_
21.	NOC Certificate from present employer if employed in Government institution : Yes/	No.
20.	Identification Mark :	

Name:.....