
 <p>चिकित्सा अधीक्षक का कार्यालय क.रा. बी. नि. आदर्श अस्पताल (श्रम एवं रोजगार मंत्रालय के अधीन, भारत सरकार) जेल रोड, राउरकेला -769012 (आईएसओ 9001: 2015 प्रमाणित)</p>	<p>OFFICE OF THE MEDICAL SUPERINTENDENT ESIC MODEL HOSPITAL, (Under Ministry of labour & Employment, Govt. Of India) JAIL ROAD, ROURKELA-769012 (ISO 9001 : 2015 CERTIFIED)</p> 
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442-U-16/63/MH/RKL/2011-Admn.

Dated. 26.11.2020

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

Applications are invited for immediate engagement of 05 nos. of Part Time Specialists in the department of Chest, Dermatology, Orthopaedics, Paediatrics and Radiology for one year or till the joining of regular incumbent (whichever is earlier) on contractual basis in ESIC Model hospital, Rourkela as per details below:

Sl.No.	Department / Speciality	No. of Posts	Reservation
1	Chest	01	As per rule of Govt. of India
2	Dermatology	01	
3	Orthopaedics	01	
4	Paediatrics	01	
5	Radiology	01	
	TOTAL	05	

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

Age : Not exceeding 66 years as on the date of Interview i.e. 22.12.2020.

Remuneration: (a) Rs. 60,000/- per month for four hours as per day x four days in a week and Rs 12000/- for visiting charge in case of emergency call.

Date and Time of Interview : 22.12.2020 (10.00 A.M. onwards)

Reporting Time : 09.30 A.M. to 10.00 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 properly filled / signed in prescribed proforma "Annexure-A" along with other documents in the Office of the Medical Superintendent, ESIC Model Hospital, Near Govt. I.T.I., Jail Road, Rourkela on or before **18.12.2020 (04.00 P.M.)**. 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 **18.12.2020(04.00 P.M.)**. After scrutiny of documents, eligible candidates will be informed through e-mail for appearing in the interview on the schedule date i.e. **22.12.2020**. The application form can also be downloaded from website www.esic.nic.in.

Documents to be submitted along with the application form:

1. Application form duly filled / signed.
2. Two recent Passport size photographs.
3. Two sets of self attested photocopies of the following documents:
 - a) Proof of Date of Birth.
 - b) SSC / 10th standard Certificate or equivalent.
 - c) Certificates in support of educational qualifications.
 - d) Registration certificate with the concerned Medical Council / State Government Registration.
 - e) Caste Certificate (If applicable)
 - f) Experience Certificate.

Besides, the eligible candidates are required to bring the original certificates / testimonial during the time of interview to be held on dated. 22.12.2020.

Terms & Conditions:

1. The appointment will be contractual basis and initially for a period of one year or till the joining of regular incumbent (Whichever is earlier) in ESIC Model hospital, Rourkela. However, it can also be extended subject to satisfactory performance and conduct.
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 22.12.2020: ____ years ____ months ____ days.
6. Permanent Address: _____

7. Correspondence Address: _____

8. E-mail : _____
9. Telephone / Mobile No. : _____
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:

Affix recent
passport size
photograph

Sl.No.	Name of the Examination	Board/ University	Percentage of 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 :

Sl.No	Post held	Institution	Period		Duration	
			From	To	Year	month
1						
2						
3						
4						

20. Identification Mark: _____

21. Whether employed in Government/ PSU institution: Yes /No, If yes, No Objection Certificate from the Competent Authority must be produced during the Interview.

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:.....