



क.रा.बी.नि
E.S.I.C

कर्मचारी राज्य बीमा निगम(श्रम एवं
रोजगार मंत्रालय, भारत सरकार)

EMPLOYEES' STATE INSURANCE
CORPORATION(Ministry of Labour
& Employment, Govt. of India



कर्मचारी राज्य बीमा निगम अस्पताल, अनुगुल,
ओडिशा, बलरामप्रसाद, पिन-759128.

ESIC HOSPITAL, ANGUL, ODISHA,
BALARAM PRASAD, PIN-759128
Email: ms-angul.or@esic.nic.in

NO. 443-Z-11/15/1/2021-Angul

Date: 17.11 .2021

NOTICE OF WALK-IN-INTERVIEW

Applications are invited for Walk-in-Interview to the post of Part- time Specialists on contractual basis for the period of one (01) year or till filling up of vacancy on regular basis whichever is earlier. The details are as follows :

| Particulars | Part Time Specialist | | | | | | |
|--|--|----|-----|----|----|-----|-----------------------|
| | DEPARTMENT | UR | OBC | SC | ST | EWS | TOTAL |
| No. of Posts | 13 | | | | | | |
| Speciality wise vacancy & Category | Dermatology and STD | 01 | 0 | 0 | 0 | 0 | 01 |
| | ENT | 01 | 0 | 0 | 0 | 0 | 01 |
| | EYE | 01 | 0 | 0 | 0 | 0 | 01 |
| | Medicine | 01 | 01 | 0 | 0 | 0 | 02 |
| | Obst. & Gynae | 01 | 0 | 01 | 0 | 0 | 02 |
| | Orthopaedics | 0 | 01 | 0 | 0 | 0 | 01 |
| | Paediatrics | 01 | 0 | 0 | 0 | 01 | 02 |
| | Pulmonary Medicine | 01 | 0 | 0 | 0 | 0 | 01 |
| | Surgery | 01 | 01 | 0 | 0 | 0 | 02 |
| Pay | Rs 60,000/- per month for 4 days in a Week and 4 hrs. per day. The payment of remuneration will be guided by existing hqrs. Instruction dated 28.09.2020 or any amendment from ESIC Hqrs. Office from time to time. | | | | | | |
| Educational 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 Limit | Not exceeding 69 years as on the date of Interview. | | | | | | |
| Date and time of Interview | Dermatology & STD, ENT, Eye, Medicine and Obst. & Gynae | | | | | | : 25.11.2021, 2.00 PM |
| | Orthopaedics, Paediatrics, Pulmonary Medicine and Surgery | | | | | | :26.11.2021, 2.00PM |
| Reporting time | Dermatology & STD, ENT, Eye, Medicine and Obst. & Gynae | | | | | | : 25.11.2021, 1.00PM |
| | Orthopaedics, Paediatrics, Pulmonary Medicine and Surgery | | | | | | :26.11.2021, 1.00PM |

P.T.O

How to apply:

Interested candidates may apply in the form attached along with copy of documents. The candidate shall bring the following documents (in original) with them on the date of interview.

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/Category Certificate (If applicable)
 - f) Experience Certificate

Terms & Conditions:

1. The appointment will be on contractual basis and initially for a period of one year or till the joining of regular incumbent (Whichever is earlier) in ESIC Hospital, Angul. However, the engagement can be extended beyond the period of one year if vacancy exists and if the performance is found satisfactory. The engagement can also be short closed before one year if the performance is not found satisfactory or if the vacancy ceases to exist.
2. Vacancies are likely to change depending upon actual requirement at the time 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.
7. Part-time Specialists are not allowed of any private practice during the working hours at ESIC Hospital, Angul.
8. Hostel Accommodation / quarters will not be provided.
9. The appointment shall not confer any right or preference for regular service in E.S.I. Corporation.
10. The decision of the selection board will be final in all aspects of screening & selection and no further correspondence will be entertained under any circumstances.

11. The payment of Remuneration shall be guided by instructions on the subject from ESIC Hqs. Office from time to time.
12. In case of selection, the selected candidate may be required to sign a contract agreement on the Bond paper of Rs 100/-. The cost of Bond paper shall be borne by the candidate.
13. The contract agreement can be terminated by either party by giving one month written notice to other party. The agreement can also be terminated by depositing/paying an amount equivalent to one month remuneration to other party.
14. The candidates willing to appear in walk-in-interview may appear on the date mentioned above along with duly filled in Application Form appended under "**Annexure-A**" along with original testimonials/certificates in respect of Educational qualifications, Age, Caste/Category, Experience etc.


17/11/2021

(DR. RADHAKANTA BEHERA)
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 Walk-in-Interview: ____ years ____ months ____ days.
6. Permanent Address: _____

7. Correspondence Address: _____

8. E-mail : _____
9. Mobile No. : _____
10. Religion: _____ 11. Nationality: _____
12. Category (UR/OBC/SC/ST/EWS) : _____
13. Whether married / Unmarried: _____
14. Mother tongue : _____
15. 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 | | | | |

16. Medical Council /State Registration No. : _____

17. Name of the Medical Council : _____

18. Work Experience with certificate:

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

19. Identification Mark: _____

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

21. Have you ever been dismissed or punished by the employer - Yes/No

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 any 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:.....