



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



आदर्श चिकित्सालय एवं व्यावसायिक रोग केन्द्र
Model Hospital and ODC Indore
नंदानगर, इंदोर- 452011
Nanda Nagar, Indore - 452011
Email - ms-indore@esic.nic.in
Website: www.esic.nic.in, www.esichospital.gov.in,
www.esic.in

Date: 19.04.2022

No. 18 A/12/12/3 Yr SR/2018/M.H.

WALK- IN INTERVIEW ON 13/05/2022 FOR THE ENGAGEMENT OF FULL TIME/PART TIME SUPER SPECIALIST ON CONTRACTUAL BASIS IN ESIC MODEL HOSPITAL AND ODC, NANDA NAGAR, INDORE- 452011.

SUPER SPECIALISTS (SPECIALTY WISE): 06 Posts (UR-05, OBC-01, SC-00, ST-00)

S.No.	Speciality	No. of Post	Reservation Status					Date of Document verification and Reporting	Interview Date
			SC	ST	OBC	UR	EWS		
1.	Cardiology	01	00	00	00	01	00	13/05/2022	13/05/2022
2.	Gastroenterology	01	00	00	00	01	00		
3.	Medical Oncology	01	00	00	00	01	00		
4.	Neurology	01	00	00	01	00	00		
5.	Surgical Oncology	01	00	00	00	01	00		
6.	Urology	01	00	00	00	01	00		
	Total	06	00	00	01	05	00		

Reservation Status for 06 Posts :-OBC- 01, UR-05

Note:-

1. All the interested candidates are requested to appear for document verification within the scheduled time (09.00AM - 11.00 AM) by following Covid appropriate behavior like wearing face mask and carrying sanitizer and maintaining social distance etc. No candidate will be allowed to attend document verification after 11. 00 AM on all scheduled date as mentioned above.
2. Only the Candidates, whose documents are verified and found eligible for the post of Full Time/Part Time Super Specialist will be allowed to attend walk-in interview.
3. Reservation of posts is applicable as per Government of India Guidelines.
4. The Medical Superintendent, ESIC Model Hospital and ODC, Nanda Nagar, Indore reserves the right to vary these vacancies including increase or decrease or cancellation of filling up of any or all post without assigning any reason.
5. Change in date of interview, etc. if any, will be intimated on website (www.esic.nic.in) only. Candidates are advised to check the website regularly for any updated information relating to the recruitment. Other terms and conditions as mentioned in Annexure "A".
6. The Medical Superintendent, ESIC Model Hospital and ODC, Nanda Nagar, Indore will be the Controlling Authority for Full Time/Part Time Super Specialist.

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The Medical Superintendent,
ESIC Model Hospital and ODC,
Nanda Nagar, Indore

ELIGIBILITY CRITERIA FOR THE POST OF FULL TIME/PART TIME SUPER SPECIALIST

Upper age limits will be 67 years as on date of interview

- (i) MBBS and MD/MS/DNB Degree from MCI recognized Medical College/ Institution.
- (ii) DM/MCH in respective Super Specialty from MCI recognized Medical College/DNB in concerned super specialty or equivalent.
- (iii) Should have registered with MCI or State Medical Council.

(iv) Five years' experience in the concerned specialty after obtaining the First Post Graduate degree.

Note:- Qualifications with regard to experience are relaxable at the discretion of the Appointing Authority on recommendation of the Selection Committee in case of candidates otherwise well qualified.

Emoluments and Terms & Conditions

For Full Time Super Specialists: - Rs. 2,00,000/- (Consolidated remuneration) per month. No other allowances in any form shall be admissible.

For Part Time Super Specialists: - Rs. 1,00,000/- (Consolidated remuneration) per month for 04 hours per day & 04 days in a week. In addition, Rs. 20, 000/- per month for visiting charge in case of an emergency call and Rs. 1200/- for every additional hour beyond 16hours/week*.

***The additional hour of work will be decided by the Medical Superintendent. No other allowances in any form shall be admissible.**

(a) The engagement will be for a period of one year or till regular incumbent joins, whichever is earlier.

(b) The Super Specialist shall be available on call 24x7.

(c) The Super Specialist shall be responsible for all cases undergoing treatment under his supervision in that specialty discipline.

(e) The Selected Super Specialist must have a professional indemnity policy which should cover the period of contractual engagement. The policy is meant to cover professional liability falling on them as a result of error and omissions committed by them while rendering professional services. The minimum sum assured per annum should be Rs.30 lakh for Anesthesiologists, Cardiac Surgeon, Neuro Surgeons, Plastic Surgeons etc. (2) Rs. 20 lakhs for General Surgeons, Gynecologist, Obstetrician etc. (3) for Physicians Dentists, Radiologists, Pathologists etc. it should be at least of Rs. 10 lakhs. A copy of the Insurance & Premium and receipt must be submitted within 7 days from the date of engagement.

(f) Selected candidates will have no claim for regularization of services in the Hospital/Medical Institution.

(g) The Full time Super Specialist is entitled for the leave @ 04 days for each month of work on a prorata basis in a calendar year. In the event, the Super specialist prefers not to avail the leave; the same may be encashed to a maximum limit of 30 days.

(h) The Part time Super Specialist will not be entitled for any kind of leave benefits.

(i) The appointment is subject to Medical Fitness.

(j) No TA/DA will be admissible for attending the interview/joining the post.

(k) The selected Full Time/Part Time Super Specialist will be required to submit acceptance/consent letter in writing before appearing for Medical examination.

(l) The appointing authority reserves the right to terminate the appointee anytime even before the tenure without assigning any reason by giving one month notice. Similarly, the engaged person will have to give one month prior notice before resigning or will have to pay an amount equivalent to one month's remuneration in lieu of the notice period.

(m) The doctors at any time found guilty of any gross misconduct or negligence of his/her duties shall be terminated without any notice or payment in lieu of the notice period.

(n) Selected candidates will join duty immediately or the date indicated in the offer of appointment/engagement likely to be issued, failing which the offer letter will be treated as cancelled.

(o) Full time/Part time Super Specialist has to wear his/her own white coat with name badge during the duty hours.

(p) He/ She will be required to mark attendance manually as well as AEBAS (Aadhar Enabled Based Bio Metric Attendance System).

(q) Candidates are requested to bring their original certificate in evidence of age of proof (date of birth), educational qualification, medical council registration of the state/MCI, experience certificate along with one set of self - attested photocopies with 2 recent passport size photographs for appearing in the walk-in interview without fail.

(r) On Selection, the candidate has to open an SB account in the State Bank of India (Any Branch) – [This is applicable to cases where SB account is not held in state Bank of India]

(t) The selected candidates shall have to submit an agreement incorporating the terms and conditions of appointment on a Rs. 100/- Stamp Paper in the format provided by the Institution.

INSTRUCTIONS FOR CANDIDATES

Candidates are requested to bring their Original Certificates in evidence of age proof (Date of Birth) educational Qualification, Medical Council Registration of the State/MCI, experience certificates along with one set of self-attested Xerox copies with 2 passport size recent colour photographs for appearing for interview with duly filled in application form in the prescribed format as per Annexure -1), without fail. The details are available in website www.esic.nic.in.

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The Medical Superintendent,
ESIC Model Hospital and ODC,
Nanda Nagar, Indore

Date: 19/04/2022

Annexure - "A"

Application are invited for recruitment to the post of:-

Tick (✓) in column for which candidate is applying.

1.	Three Years Senior Resident under Central Residency Scheme	
2.	One Years Senior Resident against GDMOs	
3.	Full time/Part time Specialists	
4.	Part time Super Specialist for one year	

(Fill the form in Block Letters only)

Department for which applying

- Name
- Father's/Husband's Name
- Permanent Address
- Correspondence Address(with Pin Code)
- Telephone/ Mobile Number
- E-mail ID
- Date of Birth
- Age as on the date of interview
- Whether Gen/ SC/ST/OBC/ PH/Ex.sm
- Whether a bonded candidate at present (Yes or No)

Paste recent passport size photograph duly attested by candidate itself

10 Educational/Professional Qualification :-

Degree/Diploma/PG Degree	Year of Passing	University	No. of attempts	Remarks (if any)
MBBS/Equivalent Qualification				
PG DIPLOMA ()				
PG DEGREE ()				
DNB ()				
ANY OTHER				

11 Work Experience:

S No	Post held	Name and full address of the employer	Period of Employment		Total Experience
			From	To	
1					
2					
3					
4					

Cont.....2

- 12 Whether worked/working as Senior Resident in any Central/State Govt. if yes :1 Period of SRship from _____ to _____
- :2 Name of organization & Address _____
- 13 Registration No. _____
- 14 Have you ever been dismissed/debarred or Punished : _____

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 am fully aware that in the event of any particulars or information furnished by me is found to be false/incorrect/incomplete 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 citizen of India by birth/domicile.

Date _____

Signature of the candidate: _____

Check list of enclosures attached:

- | | |
|--|----------|
| 1. Date of Birth Certificate | Yes / No |
| 2. Degree Certificate along with attempt Certificate | Yes / No |
| 3. Diploma Certificate along with attempt Certificate, if applicable | Yes / No |
| 4. Experience Certificate, if applicable | Yes / No |
| 5. MCI/ State Medical Council Registration Certificate | Yes / No |
| 6. Caste (SC/ST/OBC/PH) Certificate, if applicable | Yes / No |

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 am fully aware that in the event of any particulars or information furnished by me is found to be false/incorrect/incomplete 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 citizen of India by birth/domicile.

Date _____

Signature of the candidate: _____

Check list of enclosures attached:

- | | |
|---|----------|
| Date of Birth Certificate | Yes / No |
| Degree Certificate along with attempt Certificate | Yes / No |
| Diploma Certificate along with attempt Certificate, if applicable | Yes / No |
| Experience Certificate, if applicable | Yes / No |
| MCI/ State Medical Council Registration Certificate | Yes / No |
| Caste (SC/ST/OBC/PH) Certificate, if applicable | Yes / No |

(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of village/town _____ in District/Division _____ in the _____ State/Union Territory _____ belongs to the _____ Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____*.

Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel & Training OM No. 36012/22/93-Estt. (SCT), dated 08.09.1993**.

Date _____

District Magistrate/ Deputy
Commissioner etc.

Seal of Office

- *- The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.
- ** - As amended from time to time.
- Note: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

List of authorities empowered to issue Caste/Tribe Certificate Certificates:

- | | |
|------|---|
| i. | District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy. Collector / 1 st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner/ Taluka Magistrate / Executive Magistrate. |
| ii. | Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate. |
| iii. | Revenue Officers not below the rank of Tehsildar. |
| iv. | Sub-Divisional Officers of the area where the applicant and or his family normally resides. |

- Note-I**
- The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
 - The authorities competent to issue Caste Certificate are indicated below:-

- District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
- Chief Presidency Magistrate / Additional Chief Presidency Magistrate/ Presidency Magistrate.
- Revenue Officer not below the rank of Tehsildar
- Sub-Divisional Officer of the area where the candidate and/or his family resides.

Note-II The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

Note-III The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per Annexure 'A' above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

I Son/daughter of Shri..... resident of village/town/city..... district..... state..... hereby declare that I belong to the..... community which recognized as a backward class by the Government of India for the purpose of reservation in services as per order contained in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated March, 2004, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.) dated: 27th May, 2013.

Declaration to be submitted by the OBC candidate (in addition to the community certificate)

Signature :

Son/daughter of Shri..... resident..... Full Name :

district..... state..... hereby declare that I belong..... Address

recognized as a backward class by the Government of India for the purpose of reservation in services as per order contained in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated March, 2004, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.) dated: 27th May, 2013.

Signature :

Full Name :

Address :