



**ESIC**  
Chinta Se Mukti

**इंदिरा गाँधी क.रा.बी. अस्पताल**  
**INDIRA GANDHI E.S.I. HOSPITAL**  
**झिलमिल, दिल्ली-110 095**  
**Jhilmil, Delhi-110095.**

(An ISO -9001:2008 CERTIFIED)

Tele: 011- 22151329, Fax: 011- 22167518

**SPECIAL DRIVE FOR RECRUITMENT TO THE POST OF SENIOR RESIDENTS ON**  
**TENURE BASIS FOR PERSONS WITH DISABILITIES**

(Walk-in-interview)

Applications are invited from **PERSONS WITH DISABILITIES** for filling the vacant posts as well as empanelling Senior Residents for IGESI Hospital, Jhilmil, Delhi for a period of one year on tenure basis, (extendable upto maximum of three years), as per annual objective evaluation sheet of work performance of concerned H.O.D.. The details are as under:-

S.No	Description	Sr. Residents
1.	No. of Vacant/to be empanelled posts	2 (PH)-OL
2.	Categorywise break-up of Vacant posts	Medicine 01( 01 UR), PH(OL) : Paediatrics 01(01 OBC)-PH(OL) One each reserved for PH-OL(One leg affected) for department of Medicine & Paediatrics
3.	Minimum Qualification	PG Degree or a Diploma in concerned specialty from recognized university. If such candidates are not available in concerned specialty, others without post graduate qualification may be considered for selection.
4.	Age	<b>As on 04.03.2013</b> a) for UR(PH) Category: -Not exceeding 43 yrs. for post graduates -Not exceeding 45 yrs. for post doctoral degree holders b) for OBC(PH) Category: -Not exceeding 46 yrs. for post graduates -Not exceeding 48 yrs. for post doctoral degree holders
5.	Emoluments	Rs. 15600-39100/-+GP of Rs. 6600/- and allowances as per rule)
6.	Date of interview.	<b>04.03.2013</b>

1. Applicants having complete Bio-Data as per format uploaded on ESIC website alongwith duty affixed recent passport size photograph, original and one set of attested photocopies of testimonials (including MBBS & PG attempt certificate, 10<sup>th</sup> passing certificate as proof date of birth and PH/OBC Certificate) and relevant documents including DMC & MCI registration may report to the office of Medical Superintendent, IG ESI Hospital, Delhi on the date of walk-in-interview at 9.00 a.m. . The verification of documents will be done upto 10.30 a.m.

2. Candidate claiming reservation /age relaxation on ground of belonging to the OBC should submit the community certificate in Annexure A prescribed by GOI, DOPT OM No..36012/12/22/93-ESTT. (SCT) dated 08/09/93 which is modified by GOI DOPT OM NO. 36033/3/2004(Res.) dated 09/03/2004 failing which the benefit of reservation/relaxation will not be given or their application shall be rejected. The OBC Certificate should be latest and not prior to 03.03.2012.

3. Applicants having completed three years of residency period in any hospital need not apply.

4. Candidates suffering from not less than 40% of the relevant disability shall alone be eligible for the reservation.

5. The candidates must be registered with Delhi Medical Council before joining the post, if selected.

6. Candidates working in Govt. Service should produce NOC from their department at the time of interview.

7. Other terms and conditions shall be as per Govt. of India rules.

**Note:**

1. No TA/DA will be paid to the candidates for appearing in the interview.
2. The candidates will have to make their own arrangement of stay.
3. The candidates must bring original documents for verification at 9.00 AM Sharp on the date of interview.

**Medical Superintendent**

**BIO - DATA**

1. Name in block letters: \_\_\_\_\_
2. Post applied for: \_\_\_\_\_
3. Father's/Husband's name: \_\_\_\_\_



4. Date of Birth, Age as on 04.03.2013 : \_\_\_\_\_
6. Telephone No.: Res.: \_\_\_\_\_
5. Postal Address: \_\_\_\_\_
- Mobile: \_\_\_\_\_
- e-mail I.D. \_\_\_\_\_
7. Permanent Address: \_\_\_\_\_
8. Present Residential Address: \_\_\_\_\_
9. Whether SC /ST/OBC/UR: \_\_\_\_\_
10. Educational Qualification: \_\_\_\_\_
11. Experience (if any) Govt.Pvt. Hospital/Institution: \_\_\_\_\_ (in Years Months),
12. MCI/DMC Regn. no. : \_\_\_\_\_

**DECLARATION:**

I undertake that all the information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

**(Signature of Candidate)**

Check List of enclosures attached:

- |   |             |
|---|-------------|
| 1. Date of Birth Certificate  | Yes/No      |
| 2. Degree Certificate alongwith attempt Certificate                 | Yes/No      |
| 3. Diploma Certificate alongwith attempt Certificate, if applicable | Yes/No/N.A. |
| 4. Diploma Certificate alongwith attempt Certificate, if applicable | Yes/No/N.A. |
| 5. Experience Certificate, if applicable                            | Yes/No/N.A. |
| 6. MCI & DMC Registration Certificate                               | Yes/No      |
| 7. Caste (SC/ST/OBC/PH) Certificate, if applicable                  | Yes/No/N.A. |