Phone:0661-6502125, Fax: 0661-2482096

चिकित्सा अधीक्षक का कार्यालय



OFFICE OF THE MEDICAL SUPERINTENDENT क. रा. बी. आदर्श अस्पताल, राउरकेला — 4 ESIC MODEL HOSPITAL, ROURKELA-4

(প্রদ 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.18.11.2017

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

Applications are invited for immediate engagement of one Part Time Specialist in the department of Orthopaedics for one year on contractual basis and 04 nos. of Senior Residents in the department of General Medicine/Casualty, Orthopaedics, Surgery and Obs. & Gynae. under 3 years Residency Scheme in ESIC Model Hospital, Rourkela.

1. PART TIME SPECIALIST (ORTHOPAEDICS)

Qualification: Post Graduate Degree or Diploma in concerned speciality from a recognized university, registered with Medical Council of India or State Medical Council. Three years experience after PG Degree / Diploma is desirable.

Age: Not exceeding 64 years as on the date of Interview i.e. 13.12.2017.

Remuneration: (a) Rs. 40,000/- per month for two sessions per day for 5 days in a week. Duration of each session will be of two hours. (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.

2. SENIOR RESIDENTS UNDER 3 YEARS RESIDENCY SCHEME.

| SI.No. | Department / Speciality | No. of Posts | Reservation |
|--------|-----------------------------|--------------|----------------|
| 1 | General Medicine / Casualty | 01 | |
| 2 | Orthopaedics | 01 | As per rule of |
| 3 | Surgery | 01 | Govt. of India |
| 4 | Obs. & Gynae. | 01 | |
| | TOTAL | 04 | |

Qualification: Post Graduate Degree or Diploma in concerned speciality from a recognized university, registered with Medical Council of India or State Medical Council. If such candidates are not available, then the candidates having at least 01 year experience from Govt. recognized / registered Institute / Hospital after MBBS can be considered.

Age: Not exceeding 35 years as on the date of Interview i.e. 13.12.2017. Relaxation of age for SC, ST and OBC candidates will be as per rules. Candidate belonging to OBC category should submit OBC Certificate in the prescribed form as per Govt. of India instructions which should certify that the candidate does not belong to the creamy layers.

Remuneration: PB-3(15600-39100) with Grade Pay Rs.6600/- (Pre-revised 6th CPC i.e. 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. Basic pay will be reduced by Rs.600/- per month for Diploma Holder.

Non-Post Graduate / Non-Diploma Holder will be given PB-3 (Rs.15600/- - 39100/-) with Grade Pay Rs.5400/- (Pre-revised 6th CPC i.e. Level 10 as per 7th CPC with minimum pay of Rs.56100/-) with other allowances at the usual rate as admissible per month from time to time as per rules. The appointment of these Medical Officers will be for one year only.

Date and Time of Interview: 13.12.2017 (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" at the Office of the Medical Superintendent, ESIC Model Hospital, Near Govt. I.T.I., Jail Road, Rourkela on or before 07.12.2017 (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.in / ms-roukela@esic.in latest by 07.12.2017. After scrutiny of documents, selected candidates will be informed through e-mail for appearing in the interview on the schedule date i.e. 13.12.2017. The application form can also be downloaded from website www.esic.nic.in.

Documents to be submitted alongwith 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.
 - f) Experience Certificate.

Besides, the selected candidates are required to bring the original certificates / testimonial during the time of interview to be held on dated.13.12.2017.

Terms & Conditions:

1. The appointment will be temporary and initially for a period of one year, which can be extended on an annual basis, subject to satisfactory performance and conduct report from the Head of the Department and as per actual requirement.

- 2. The appointment of Non-Post Graduate / Non-Diploma Holder (MBBS) will be temporary and for a period of one year only.
- 3. Vacancies are likely to change depending upon actual requirement at the time of interview.
- 4. No TA / DA will be paid to candidates for appearing in the interview.
- 5. The Medical Superintendent reserves the right to fill up all or any of the vacancy / post.
- 6. The Medical Superintendent reserves the right to alter the date or cancel the interview without assigning any reason thereof.
- 7. Candidates working in Govt. Service / PSUs should produce "No Objection Certificate" from their department at the time of Interview.
- 8. The selected candidates shall have to join duty immediately or the date indicated in the offer of appointment / engagement letter likely to be issued.
- 9. Private practice of any kind will not be allowed.
- 10. Hostel Accommodation / quarters will not be provided.
- 11. The appointment shall not confer any right or preference for regular appointment in E.S.I.Corporation.
- 12. The decision of the selection board will be final in all aspects of selection and no further correspondence will be entertained under any circumstances.
- 13. At the time of joining, selected candidates will have to sign an "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 13.12.2017 : 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: | |

| SI.No. | Name of the Examination | Board/ University | Percentage of Marks | Year of Passing |
|--------|-------------------------|----------------------|------------------------|-----------------|
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| 19. Wo | me of the Medical Cou ork Experience with ce Post held | | | | | | | |
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| SI.No | · | | Peri | od | Dur | | | |
| 1 | Post held | Institution | Peri | od | Dur | 4. | | |
| 1 | Post held | Inctitution | | Period | | Duration | | |
| | | Institution | From | То | Year | month | | |
| | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| Declaration true, complevent of a incorrect of to be rejective. | on: I do hereby declar plete and correct to the any particulars or infect in the correct or inducted / cancelled and in | missed or punished: re and affirm that all the re best of my knowledge ormation furnished by re aliging in some unlawful a re the event of any stater services are liable to be re. | statements reand belief. The is found act, my canding ment / informations. | made in I am ful to be f dature t ation fo | this apply aware alse / in for the pound false | lication ar that in th complete ost is liabl / incorred | | |
| Date : | | | <u>Signat</u> | ure of t | he Cand | <u>idate</u> | | |
| Place : | ace: | | | Name: | | | | |