

श्रम एवं रोजगार मंत्रालय, भारत सरकार

कर्मचारी राज्य बीमा निगम अंकलेश्वर हास्पिटल,

500 क्वार्टर नं. 1, अंकलेश्वर जं. आर्. डी. सी., जिल्ला भारुच-393002

श्रम एवं रोजगार मंत्रालय, भारत सरकार,  
कर्मचारी राज्य बीमा निगम, अंकलेश्वर अस्पताल,  
500 क्वार्टर के पास, अंकलेश्वर जी.आई.डी.सी.  
अंकलेश्वर, जिला भारुच - 393002



Ministry of Labour & Employment, Govt of India  
Employees' State Insurance Corporation,  
Ankleshwar Hospital, Near 500 Quarters,  
GIDC Ankleshwar, Dist Bharuch - 393002  
E-mail : [esih-ankleshwar.gj@esic.in](mailto:esih-ankleshwar.gj@esic.in)

Website: [www.esic.nic.in](http://www.esic.nic.in)

No.375/ESIC/ANK/Admin/PTSP/ADVT.

Date: 30/03/2017

**Advt. No: 01/2017**

**Application for Part time Specialist**

Applications are invited for ESIC Hospital Ankleshwar, for engagement of Part Time Specialist for a period of 1 (One) year in ESIC Hospital, Ankleshwar, Dist. Bharuch, Gujarat. The Panel may remain valid for a period of SIX months and may be cancelled / invalidated earlier without assigning any reason. **Completed application form alongwith fee may be submitted to the Deputy Director (Administration) on or before 17/4/2017 at 4.00 pm.**

Sr. No.	Name of Speciality	No. of Post	Sr. No.	Name of Speciality	No. of Post
1	General Medicine	1	7	Dermatology	1
2	General Surgery	1	8	Anesthesia	1
3	Obs. &Gynaec.	1	9	Radiology	1
4	Paediatric	1	10	Dentistry	1
5	Ophthalmology	1	11	ENT	1
6	Pathology	1	12	Orthopaedic	1

**\*\*Reservation as per Central Govt. Policy.**

Category	SC	OBC	UR	Total
No of posts	1	3	8	12

**Note:- 1 Application Fee**:- Rs 300/- in the form of Demand Draft/ Bankers Cheques payable in favour of ' ESIC Fund A/C No. 1' payable at Ankleshwar.

**SC/ST/PH and Female candidates are exempted from payment of fees.**

**Note:- 2** Interview date will be intimated to eligible candidate later on, At the time of interview candidates should bring along with them Original plus attested copies of MCI/State MC Registration Certificate, Educational Qualification Certificates from Matriculation onwards, Experience Certificate, Caste Certificate( if any) and two recent passport size photographs.

**Note: - 3** No TA/DA shall be paid for attending the interview and joining purpose.

**Educational qualification :**

- 1. P.G. in concerned specialty recognized by MCI with 3 years experience in case of degree holder and 5 years experience in case of Diploma holder.**
- 2. MCI/State MC Registration**
- 3 For Dentistry candidate should have B.D.S qualification with 3 years experience with registration of DCI/state council**

**Age:** - Not exceeding 64 years as on date of interview.

**Selection:**

**The selection of the candidate will be made based on a personal interview. The decision of the interview committee shall be binding and final. The selected candidates will be intimated about the result and may have to join within a short period of time.**

**Emoluments:-**

1. Rs 40,000/- per month for 2 sessions per day x 5 days in a week. Duration of each session is of two hours.
2. Rs. 1000/- for Extra session of Two Hours.
3. Attending emergency call Rs.1000/- subject to a maximum of Rs.8000/- per month.

**Terms & Conditions:-**

- (a)** The service will be governed by terms & conditions of the agreement.
- (b)** No TA/DA shall be paid for attending the interview and joining purpose.
- (c)** The selected candidates shall have to pay Rs. 10,000/- (Rs. Ten thousand only) as Security Deposit **in the form of a DD in favour of "ESI Fund A/C no 1" payable at Ankleshwar.** The candidate shall also have to sign an agreement on a Rs. 100/- Stamp paper to be purchased by the candidate at the time of joining as per annexure - 2.
- (d)** The Competent Authority reserves the right to fill up or not to fill up the post.

**Medical Suprentendent  
ESIC Hospital, Ankleshwar**

**ANNEXURE – I**

**APPLICATION FORMAT**

1. Post applied for : \_\_\_\_\_

2. Name ( In Block Letters)\_\_\_\_\_

3. Father's/Husband's Name: \_\_\_\_\_

4. Marital Status : \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_

6. Category :    **UR     SC     ST     OBC**

7. Sex : Male / Female

8. Whether exempted from Fee :    **Yes    \    No**

    If 'NO' :D.D.No : \_\_\_\_\_ Date : \_\_\_\_\_

    Bank : \_\_\_\_\_

9. Address    a: Permanent : \_\_\_\_\_

\_\_\_\_\_

    b. For Correspondence : \_\_\_\_\_

\_\_\_\_\_

    Contact No: (M) \_\_\_\_\_

**Email**            \_\_\_\_\_

10. Educational Qualification :

Sr.No	Name of Exam	University	Percentage	Year of passing

Experience :

Sr.No	Name of Employer	From	To	Post Held

Affix Recent  
Passport size  
color  
photograph  
along with  
across signature  
of the candidate

**11. MCI /DCI/State Medical Council Registration No:** \_\_\_\_\_

(With photocopy of Registration certificate)

**12. List of enclosures :**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_

### **DECLARATION**

I hereby solemnly declare and affirm that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue / false / incorrect my candidature is liable to be cancelled / terminated, besides taking any other action deemed fit in his regard. I will have not claim for absorption after terminated / completion of contract period of tenure. I shall abide by the terms and conditions as prescribed.

Date :

Signature of Candidate

Place :

Name : \_\_\_\_\_