



कर्मचारी राज्य बीमा निगम मॉडल अस्पताल  
**E.S.I.C. MODEL HOSPITAL**  
इंडस्ट्रियल एरिया, फेज-II, राम दरबार, चंडीगढ़ -160002

INDUSTRIAL AREA, PHASE – II, RAM DARBAR, CHANDIGARH-160002

(ISO 9001 : 2015 प्रमाणित /CERTIFIED)



दूरभाष: 0172-2639641, 2639643

फैक्स: 91-172-2639642

चिंता से मुक्ति

F.No.172-A/12/23/2014/ ESICMH-CHD/Vol. III

Dated: 13 /06/2020

**WALK-IN INTERVIEW FOR FULL TIME SPECIALIST/PART TIME SPECIALIST FOR 1 YEAR  
SCHEDULED ON 26.06.2020**

MS, ESIC Model Hospital Chandigarh hereby invites applications for the vacancies in respect to the following posts:-

1. **Full Time Specialist / Part Time Specialist on contract for 1 year or till regular incumbent joins, whichever is earlier:**

Name of Post	No. of Post
Radiologist	01

**Essential Qualification:** PG Degree/DNB or Diploma in concerned specialty from recognized University with three (03) years experience with Post Graduate Degree/DNB and five (05) years experience after Diploma. Candidate must be registered from Medical Council of India or State.

**Age:** Age not exceeding 45 year for Full Time Specialist and not exceeding 64 years for Part Time Specialists as on date of interview i.e. **on 26.06.2020**

**Emoluments per month:**

- For Full Time Specialist:** As per 7<sup>th</sup> CPC Pay Matrix Level-11. Basic pay will be reduced as per rules for Diploma Holder.
- For Part Time Specialist (4 hrs/per day & 4 days a week):** Rs.60,000/- + Rs. 12000 (Rs. 1000/Visit up to maximum Rs. 12000/-, in case of emergency call).

**How to apply:**

- Candidates fulfilling the educational qualification & other eligibility conditions should submit their application with one set of self attested copies of the relevant documents (as listed under CHECKLIST on the last page) along with Annexure 'A' which is available with this document.
- Candidates should report in the office of Medical Superintendent, ESIC Model Hospital, Industrial Area Phase-II, Chandigarh at 9.00 A.M. on the stipulated date.
- **Documents will be accepted for scrutiny strictly till 11.00 A.M. Candidates found eligible will be called for interview. Candidates reporting after 11.00 A.M. will not be entertained for walk-in-interview.**

**Fee Payable for Walk-in- Interview:**

Category	Amount (in Rs.) for all posts	Demand Draft in favor of
For all category	Rs. 250/- (Rupees Two hundred & Fifty only)	ESIC Fund account No. 1 payable at Chandigarh

**TERMS & CONDITIONS:-**

- 01 The Medical Superintendent reserves the right to fill all or none vacancies, to alter the date or cancel the interview without any prior notice.
- 02 The number of vacancies may be changed without any previous notice.
- 03 Reservations will prevail as per Central Government Rules.
- 04 No TA / DA will be paid to candidates for either appearing in the walk-in-interview or joining the post.
- 05 For any further information / candidates are requested to continuously check the website [www.esic.nic.in](http://www.esic.nic.in). No information shall be given through any other sources.
- 06 Selected Candidate will have no claim for regularization of the service at ESIC Model Hospital Chandigarh.
- 07 Selected candidates will have to join within Seven days from the date of receipt of the Selection order.
- 08 The Selected Candidates will have to furnish a DD/ Bankers Cheque for an amount of Rs. 25,000/- (Rupees Twenty Five Thousand Only) drawn in favor of 'ESIC A/c No 1' payable at Chandigarh, towards security deposit, which is refundable after completion of contract. However, this amount will be appropriated towards administrative cost in case, the candidate resigns / terminates his/her contract within Nine months of the commencement of the contract with or without prior notice and without one month's notice thereafter.
- 09 The selection is subject to the candidates proving their medical fitness & verification of their Character & Antecedents.
- 10 Private practice is strictly not allowed to Full Time Specialist as the selected candidates will be in receipt of Non Practice Allowance. If found guilty, suitable action as provided under the relevant rules shall be taken.
- 11 The appointment shall not offer any right or preferences for regular appointment.
- 12 In case, regular candidate joins, the appointment shall be terminated as per the condition of the contract.
- 13 No claim for any service benefit like PF, Pension, Gratuity, Medical Allowance, Seniority, Promotion and leave will be admissible.
- 14 Candidate seeking reservation benefits for SC/ST/OBC must ensure that they are entitled to such reservation as per eligibility prescribed by the GOI. They should also be in possession of the required certificates in the prescribed format in support of their claim as stipulate in this Notice at Annexure 'B'. OBC candidates should ensure that they are in possession of valid OBC Certificate issued within the due date issued by the authority mentioned in the CHECKLIST.
- 15 On selection candidates have to open a Saving Bank Account in State Bank of India (any Branch). This is applicable in cases where Saving Bank Account is not held in State Bank of India.
- 16 The decision of the Selection Board will be final on all of aspects of selection and no further correspondence will be entertained under any circumstance.

**CHECKLIST (DOCUMENTS TO BE SUBMITTED WITH APPLICATION FAILING WHICH APPLICATION SHALL BE SUMARRILY REJECTED):-**

- i. Matriculation certificate as proof of age.
- ii. Permanent Registration with MCI / State Medical Council.
- iii. MD / DIPLOMA / DNB Degree / MBBS Degree.
- iv. Attempt Certificates and Marks Sheet of MD / DIPLOMA / DNB / MBBS.
- v. Experience Certificate, wherever required.
- vi. NOC from present employer, if applicable.
- vii. Caste Certificate (if applicable) in the prescribed format of GOI issued on or after 01/04/2017 by the Competent Authority of the State / GOI.
- viii. Two recent passport size photographs.
- ix. Self attested copy of Aadhaar / other document.
- x. Annexure 'A', 'B' & 'C' (Total Four Sheets attached at 4-7).

**MEDICAL SUPERINTENDENT  
ESIC MODEL HOSPITAL CHANDIGARH**

**ANNEXURE "A"****APPLICATION FORM**

POST FOR WHICH APPLYING \_\_\_\_\_

1. NAME (IN BLOCK LETTERS) \_\_\_\_\_
2. FATHER'S/HUSBAND'S NAME \_\_\_\_\_
3. DATE OF BIRTH \_\_\_\_\_
4. CITIZENSHIP \_\_\_\_\_
5. PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_
6. CORRESPONDENCE ADDRESS \_\_\_\_\_  
\_\_\_\_\_
7. AADHAAR NO. \_\_\_\_\_
8. E-MAIL \_\_\_\_\_
9. TELEPHONE & MOBILE NUMBER \_\_\_\_\_
10. AGE AS ON DATE OF WALK-IN-INTERVIEW: \_\_\_\_ YEARS \_\_\_\_ MONTHS \_\_\_\_ DAYS
11. WHETHER SC/ST/OBC/GENERAL/PH \_\_\_\_\_
12. EDUCATIONAL/PROFESSIONAL QUALIFICATION:

Please affix a recent color passport size photograph with your signature across

DEGREE / DIPLOMA / PG DEGREE ETC.	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS
MBBS				
PG DIPLOMA ( )				
PG DEGREE ( )				
DNB ( )				
ANY OTHER QUALIFICATION				

**13. WORK EXPERIENCE:**

Sr. No.	Post Held	Institution	Period, Dates(From.....To)	Total Period(In Months / Year)

14. WHETHER WORKED/WORKING AS SENIOR RESIDENT, IF APPLICABLE, IN CENTRAL / STATE GOVERNMENT (YES OR NO): \_\_\_\_\_, IF YES,

- i. PERIOD OF SR SHIP FROM \_\_\_\_\_ TO \_\_\_\_\_
- ii. NAME OF ORGANIZATION & ADDRESS \_\_\_\_\_

15. MCI/STATE REGISTRATION CERTIFICATE NO. \_\_\_\_\_

16. HAVE YOU EVER BEEN DISMISSED OR PUNISHED: \_\_\_\_\_

SIGNATURE OF THE CANDIDATE

### **DECLARATION**

I do hereby declare that all the statements made by me 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 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.

DATE:

PLACE:

SIGNATURE OF THE CANDIDATE

#### **CHECK-LIST OF ENCLOSURES (SELF ATTESTED):**

- i) MATRICULATION CERTIFICATE AS PROOF OF AGE (YES/NO):
- ii) PERMANENT REGISTRATION WITH MCI / STATE MEDICAL COUNCIL (YES/NO):
- iii) MD / DIPLOMA / DNB DEGREE / B.H.M.S. DEGREE / MBBS DEGREE (YES/NO):
- iv) ATTEMPT CERTIFICATES AND MARKS SHEET OF MD/DIPLOMA/DNB/MBBS (YES/NO):
- v) EXPERIENCE CERTIFICATE, WHEREVER REQUIRED(YES/NO):
- vi) NOC FROM PRESENT EMPLOYER, IF APPLICABLE(YES/NO):
- vii) TWO RECENT PASSPORT SIZE PHOTOGRAPHS(YES/NO):
- viii) SELF ATTESTED COPY OF AADHAAR / OTHER DOCUMENT(YES/NO):
- ix) ANNEXURE 'A', 'B' & 'C' (THREE SHEETS PAGE NO. 5-8(YES/NO)

SIGNATURE OF THE CANDIDATE

<b><u>ANNEXURE 'B'</u></b>	
<b>(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)</b>	
<p>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 _____.*</p> <p>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, DOPT. OM No.36012/22/93-Estt. (SCT.) dated 08.09.1993**.</p>	
Date_____	District Magistrate/ Deputy Commissioner etc.
Seal of Office	
<p><b>*- 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.</b></p>	
<p><b>**_- As amended from time to time.</b></p>	
<p>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.</p>	
<p><b>List of authorities empowered to issue Caste/Tribe Certificate Certificates:</b></p>	
<p>i. District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commissioner/ Dy.Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner/ Taluka Magistrate /Executive Magistrate.</p>	
<p>ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.</p>	
<p>iii. Revenue Officer not below the rank of Tehsildar.</p>	
<p>iv. Sub -Divisional Officer of the area where the candidate and/or his family resides.</p>	

**Note-I**

- i. The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- ii. 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).
- iii. Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.
- iv. Revenue Officer not below the rank of Tehsildar.
- v. 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 'B'** above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

**ANNEXURE 'C'**

**FORM OF DECLARATION TO BE SUBMITTED BY THE OBC CANDIDATE (IN ADDITION TO THE  
COMMUNITY CERTIFICATE)**

I ..... Son / daughter of Sh., ..... resident of  
village/town/city.....district.....state.....  
hereby declare that I belong to the.....community which is recognized as a  
backward class by the Government of India for the purpose of reservation in services as per orders  
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 the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M.  
No. 36033/3/2004-Estt. (Res.) dated 9th March, 200, O.M. No.36033/3/2004-Estt. (Res.) dated 14th  
October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27<sup>th</sup> May, 2013.

Signature: .....

Full Name: .....

Address: .....

.....

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