



कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
चिकित्सा महाविद्यालय, पी.जी.आई.एम. एम. आर एवं आदर्श अस्पताल
Medical College, PGIMSR & MODEL HOSPITAL
राजाजीनगर, बेंगलूरु - 560 010
Rajajinagar, Bangalore - 560 010
भारत सरकार का श्रम एवं रियमर मंत्रालय
(Ministry of Labour & Employment, Govt. of India)

Phone 080-23325130/23320271/फ़ैक्स/फैक्स : 080-23325130, Email ID: esicmh@gmail.com

No: 532/A/12/13/2013-14/PTSS/Admn.

Date: 29-10-2020

WALK-IN-INTERVIEW FOR ENGAGEMENT OF PART TIME SPECIALIST ON CONTRACTUAL BASIS IN ESIC PGIMSR & MODEL HOSPITAL, RAJAJINAGAR, BANGALORE.

Date of Interview	Reporting Time for Registration	Name of the Department	No. of Posts	Age as on Date of interview	Qualification	Emoluments	Category
18.11.2020	9.30 AM to 10.30AM	Radiology	1	Not exceeding 69 years of age	DNB/DM/MCH or equivalent qualification	Rs.60,000/- P.M for 4 hours session per day for 4 days in a week. 2. On giving under taking to be available for emergency call duty after the schedule timings. Rs.12,000/- per month for visiting charges in case of emergency call)	UR - 1

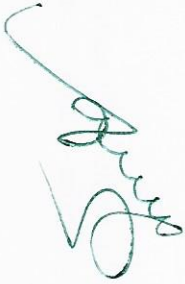
Terms and Conditions:

1. The appointment shall not confer any right or preference for regular appointment.
2. No claim for any service benefit like, PF, Pension, Gratuity, Medical Allowance, Seniority, Promotion and Leave will be admissible.
3. Candidates must be registered with Karnataka Medical Council or MCI before joining the post.
4. No TA/DA will be admissible for attending interview or joining duty.
5. ESI Corporation may increase or decrease or cancel filling up of any post without assigning any reasons at the discretion of the Appointing Authority.
6. The application should be submitted in the prescribed format only at the time of interview. The applications found to be incomplete will be summarily rejected.
7. The Dean has the discretion to increase/decrease the number of vacancies depending upon actual requirement/Cancel this recruitment/ withdraw offer of appointment issued after the Walk in-interview.
8. The candidates are advised to bring their application (prescribed format attached) along with 2 photographs and 1 set of self attested copies of the a) SSLC Certificate for proof of age b) MBBS certificate/PG certificate/DM/MCh Certificates c) MCI/KMC registration and d) Caste Certificate whichever applicable.
9. The Candidates should bring the original certificates at the time of interview.
10. All candidates are directed to report for interview at 6th Floor, Council Hall, ESIC Medical College, Rajajinagar, Bangalore -10
11. Candidates are requested to get themselves registered within the time as mentioned above failing which they will not be allowed to appear for interview.

12. The candidate appointed as Part Time Super Specialist shall tender one month prior notice in case he/she wishes to resign from the job or tender one month salary in lieu of one month's notice.
13. On selection the candidates have to open an SB Account in State Bank of India before reporting for duty..
14. The Dean/MS is the Controlling Authority for Part Time Specialist.

INSTRUCTIONS FOR CANDIDATES:

Duly filled in application form in the prescribed format as per Annexure -1 (available on website (www.esic.nic.in)) should be brought during the walk in interview with all the original certificates such as Matriculation Certificate (for proof of Age), MBBS, PG/ DM/MCh Certificates, SC/ST/OBC certificate, Registration certificate with the KMC/ MCI etc and one passport size photographs along with 1 set of photo copies of all the certificates.



Sd/-
Dean

डॉ. जिकेंद्र कुमार जे एम / Dr. Jeekendra Kumar J.M.
डीन / DEAN
ईसिक आई. सी. एम. पी. सी. आई. एम. एम. और सीर एम. एच.
ESIC MCGIMS & MH
राजनीगर, बेंगलूर / Rajajinagar, Bengaluru-10

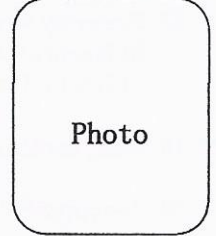


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Phone 080-23125571/72 फ्याक्स/Fax : 080-23326603 Email ID: esipgi.rajblr@gmail.com

APPLICATION FOR THE POST OF PART TIME SPECIALIST IN

- 1 Name of the Candidate : _____
2 Father's/Husband's Name : _____
3 Mother's Name : _____
4 Date of Birth as per SSLC Certificate : _____



Age

Years	Month	Days

- 5 Religion : _____
6 Nationality : _____
7 Category (SC/ST/OBC/UR) : _____
8 Whether PH : YES/NO
9 Mobile Number : _____
10 E-mail ID : _____
11 Address (Permanent) : _____

- 12 Address for correspondence : _____

13 Educational Qualification:

Sl. No.	Name of the Exam	University	Percentage of Marks	Year of Passing

- 14 Medical Council Registration No. : _____

- 15 Name of the Medical Council : _____

16 Experience :-

Sl. No.	Designation	From	To	Period

17 Presently working as Designation a) _____
b) Name of the Institution _____
c) Govt./ Private _____

18 NOC certificate from present employer taken/ PPO copy available (If applicable)

19 Tentative date of joining (If selected) :

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case any information found to be false/ incorrect at a later date of the recruitment/ appointment, I shall be bound by the decision of the Medical Superintendent, ESIC, PGIMS & Model Hospital, Rajajinagar, Bangalore - 10/ESI Corporation without prejudice for further action as per law.

Encl: Pertaining to Sl. No.13 to 18.

Date & Place : _____/ _____

(Signature of Candidate)

Documents Annexed:-

- 1) SSLC Certificate
- 2) MBBS Certificate
- 3) PG Certificate/ PG Diploma Certificate
- 4) Registration Certificate
- 5) Caste Certificate in the proforma of prescribed Central Government for employment in Central Government Institution.
- 6) Experience certificate/ NOC (wherever applicable)