



कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
EMPLOYEES' STATE INSURANCE CORPORATION  
(Ministry of Labour & Employment, Govt. of India)



क.रा.बी.नि. आदर्श अस्पताल, जेल रोड, राउरकेला (ओड़ीशा) - 769012  
E.S.I.C. Model Hospital, Jail Road, Rourkela (Odisha) - 769012  
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442-U-16/63/MH/RKL/2011/Admn.

Date: 24.06.2024

## RECRUITMENT ADVERTISEMENT

**Applications are invited for Recruitment to the post of Senior Residents and Part Time Specialists on contract basis for the period of one (01) year or till filling up of vacancy on regular basis whichever is earlier. The details are as follows :**

Particulars	Senior Residents			Part Time Specialists		
No. of Post	04			04		
Speciality wise vacancy & Category	<b>Department</b>	<b>No. of Post</b>	<b>Category</b>	<b>Department</b>	<b>No. of Post</b>	<b>Category</b>
	Anaesthesia	01	OBC-01	Dermatology	01	SC-01
	Obs. & Gynae	02	ST- 01, OBC-01	ENT	01	UR-01
	Surgery	01	SC-01	Medicine	01	OBC-01
Pay	Consolidated Rs.1,21,048/- per month or as Amended by ESIC Hqrs. Office from time to time.			Rs 60,000/- per month for 4 days in a Week and 4 hrs. per day. Additional Rs 15,000/- per month would be payable in case of attending emergency call beyond duty hour whenever need arise. The payment of remuneration will be guided by existing hqrs. Instruction dated 13.04.2022 or any amendment from ESIC Hqrs. Office from time to time.		
Educational Qualification	Post Graduate Degree or Diploma in concerned speciality from a recognized university with Medical Council of India or State Medical Council.			Post Graduate Degree or equivalent (after MBBS) from a recognized institution with minimum 3 years of experience or PG Diploma from a recognized institution with minimum 5 years of experience in respective speciality.		
Age Limit	Not exceeding 45 years as on last date of receipt of application. 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 proforma as per Govt. of India instructions which should certify that the candidate does not belong to the creamy layers.			Not exceeding 69 years as on last date of receipt of application.		
Last Date of Receipt	<b>16-07-2024</b>			<b>16-07-2024</b>		
Exam Fee	For General & OBC candidates fee is Rs 300/- in the form of Demand Draft' in favour of 'ESI Model Hospital A/c No. 02' payable at 'Rourkela'. There is no fee for SC/ST/women & PWD Candidates.			For General & OBC candidates fee is Rs 300/- in the form of Demand Draft' in favour of 'ESI Fund A/c No. 02' payable at 'Rourkela'. There is no fee for SC/ST/women & PWD Candidates.		
Date of Interview	To be communicated in due course through e-mail address & web notice provided in the application			To be communicated in due course through e-mail address & through web notice provided in the application		

P.T.O

**How to apply:**

Interested candidates may apply in the form attached along with copy of documents. The candidate applying to the post of Senior Resident shall choose the Application form under **Annexure-A** while candidate applying to the post of Part Time Specialist shall chose the Application Form under **Annexure-B**. The date of Interview shall be communicated to the applicant after scrutiny of application. The candidate shall bring the following documents with them on date of interview.

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 / 10<sup>th</sup> 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 (If applicable)
  - f) Experience Certificate

Besides, the eligible candidates are required to bring the original certificates/ testimonial during the time of interview to be held on:

**Terms & Conditions:**

1. The appointment will be contractual basis and initially for a period of one year or till the joining of regular incumbent (Whichever is earlier) in ESIC Model hospital, Rourkela. However, the engagement can be extended beyond the period of one year if vacancy exists and if the performance is found satisfactory. The engagement can also be short closed before one year if the performance is not found satisfactory or if the vacancy ceases to exist.
2. Vacancies are likely to change depending upon actual requirement at the time of interview.
3. In case of serving candidate, No Objection Certificate (NOC) from the present employer shall be produce 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. The selected candidates shall have to join duty immediately or the date indicated in the offer of appointment.
8. Private practice of any kind will not be allowed to Senior Residents.

9. Part-time Specialists are also not allowed of any private practice during the working hour at ESIC Model Hospital, Rourkela.
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. The payment of Remuneration shall be guided by instructions on subject from ESIC Hqrs. Office from time to time.
14. In case of selection the selected candidate may require to sign a contract agreement on the Bond paper of Rs 100/-. The cost of Bond paper shall be bear by the candidate.
15. The contract agreement can be terminated by either party by giving one month written notice to other party. The agreement can also be terminated by depositing/paying an amount equivalent to one month remuneration to other party.
16. The candidate willing to appear in walk-in-interview may appear on the date mentioned above along with dully filled in Application Form appended under **“Annexure-A” for Senior Resident and “Annexure-B” for Part Time Specialist** with this notice and along with original testimonial certificates towards, Educational qualifications, Age, Cast Certificates, Experience Certificates etc.

**(DR.JAYANTI BEHERA)**  
**MEDICAL SUPERINTENDENT**

**APPLICATION FORM**

1. Post applied for : \_\_\_\_\_
2. Speciality / Department applied for: \_\_\_\_\_
3. Name (in Block letters) : \_\_\_\_\_
4. a) Father's / Husband's Name : \_\_\_\_\_  
b) Mother's Name : \_\_\_\_\_
5. a) Date of Birth : \_\_\_\_\_  
b) Age as on last date of receipt of application: \_\_\_\_ years \_\_\_\_ months \_\_\_\_ days.
6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. E-mail : \_\_\_\_\_
9. Mobile No. : \_\_\_\_\_
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:

Affix recent  
passport size  
photograph

Sl.No.	Name of the Examination	Board/ University	Percentage of Marks	Year of Passing
1				
2				
3				
4				
5				

17. Medical Council /State Registration No. : \_\_\_\_\_
18. Name of the Medical Council : \_\_\_\_\_
19. Identification Mark: \_\_\_\_\_
20. Whether employed in Government/ PSU institution: Yes /No, If yes, No Objection Certificate from the Competent Authority must be produced during the Interview.
21. Have you ever been dismissed or punished: \_\_\_\_\_

**Declaration:** I do hereby declare and affirm that all the statements made 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. I am a citizen of India by birth / domicile.

**Date :** .....

**Place :** .....

**Signature of the Candidate**

**Name:** .....

**APPLICATION FORM**

1. Post applied for : \_\_\_\_\_
2. Speciality / Department applied for: \_\_\_\_\_
3. Name (in Block letters) : \_\_\_\_\_
4. a) Father's / Husband's Name : \_\_\_\_\_  
b) Mother's Name : \_\_\_\_\_
5. a) Date of Birth : \_\_\_\_\_  
b) Age as on last date of receipt of application: \_\_\_\_ years \_\_\_\_ months \_\_\_\_ days.
6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. E-mail : \_\_\_\_\_
9. Mobile No. : \_\_\_\_\_
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:

Affix recent  
passport size  
photograph

Sl.No.	Name of the Examination	Board/ University	Percentage of Marks	Year of Passing
1				
2				
3				
4				
5				

17. Medical Council /State Registration No. : \_\_\_\_\_
18. Name of the Medical Council : \_\_\_\_\_
19. Work Experience with certificate:

Sl.No.	Post held	Institution	Period		Duration	
			From	To	Year	Month
1						
2						
3						
4						

20. Identification Mark: \_\_\_\_\_
21. Whether employed in Government/ PSU institution: Yes /No, If yes, No Objection Certificate from the Competent Authority must be produced during the Interview.
22. Have you ever been dismissed or punished: \_\_\_\_\_

**Declaration:** I do hereby declare and affirm that all the statements made 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. I am a citizen of India by birth / domicile.

Date : .....

**Signature of the Candidate**

Place : .....

Name: .....