



**EMPLOYEES' STATE INSURANCE CORPORATION  
MODEL HOSPITAL**

**(Ministry of Labour & Employment, Govt. of India)**

**Lane No. 2, SIDCO Industrial Complex, Bari-Brahmana, Jammu (J&K)**

**Website:- [www.esic.nic.in](http://www.esic.nic.in), [www.esichospitals.gov.in](http://www.esichospitals.gov.in)**

**E-mail:- [ms-jammu@esic.nic.in](mailto:ms-jammu@esic.nic.in)**

**Ph. No.:- 01923-220302, Ph/Fax No.:- 01923-221105, Toll Free Helpline No.:- 01923-222621**

**No.:-192-A/12/16/25/2016-SR/Rectt(3Yrs)**

**Dated:- 23/01/2020**

**WALK-IN-INTERVIEW FOR RECRUITMENT ON CONTRACTUAL BASIS**

This hospital invites applications to fill up the vacant posts on contract basis as under: -

1. **Senior Resident (under scheme for a tenure of three years subject to renewal/extension every year) for ESIC Model Hospital, Jammu: -**

S. No.	Department	UR	SC	ST	EWS	OBC	Total Vacancy	Date of interview
1	Obs. & Gynae.	00	00	00	00	02	02	12/02/2020
2	Radiology	00	00	00	00	01	01	
3	Pediatrics	00	00	00	00	01	01	
4	Anesthesia	00	00	00	00	01	01	

2. **Essential Qualification:** - MBBS with Post graduate degree/DNB or diploma in concerned branch from recognized university.
3. **Total Emoluments per month:** - Level 11 as per 7<sup>th</sup> CPC with minimum pay of Rs. 67700/- plus allowances as per rule. (Approx. Rs. 110000/-)
4. **Age:** - Not exceeding 45 years as on date of interview.
5. **Part Time/Full Time Contractual Specialist (for a tenure of one year on contract basis till joining of regular Specialists) for ESIC Model Hospital, Jammu: -**

S. No.	Department	UR	SC	ST	OBC	EWS	Total Vacancy	Date of interview
1	Radiology	01	00	00	00	00	01	12/02/2020
2	Pediatrics	01	00	00	00	00	01	
3	Chest Medicine	00	00	00	00	01	01	
4	Dermatology	00	00	00	01	00	01	

6. **Essential Qualification:** - PG Degree/DNB or Diploma in concerned specialty from recognized University with three (03) years experience after Post Graduate Degree/DNB and five (05) years experience after Diploma. Candidate must be registered with Medical Council of India or State Medical Council.
7. **Age:** - Age not exceeding 45 years for Full Time Specialist and not exceeding 64 years for Part Time Specialist as on date of interview.

8. **Emoluments per month:** -

**For Full Time Specialist:** - Level 11 as per 7<sup>th</sup> CPC with minimum pay of Rs. 67700/- plus allowances as per rule.

**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)

9. **Note:** - Post reserved for EWS category is as per terms and conditions laid down in DOPT circular no. 36039/2019-Estt(Res)dated :-31.01.2019
10. In case of candidates are available for both Full Time & Part Time Specialist post for any one specialty, then preference will be given to Full Time Specialist.
11. **How to apply:**

1. 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.

2. Candidates should report in the Conference Hall situated at First Floor of ESIC Model Hospital, Bari-Brahmana, Jammu, at 9.00 A.M. on the stipulated date.

3. Documents will be accepted for scrutiny strictly till 10.00 A.M. Only eligible candidates will be called for interview.

**Reporting Time for Interview: -09:00AM**

**Verification of documents: - 09:00AM to 10:00AM**

**Timing of Interview: -10:00AM onwards**

12. **DETAILS OF APPLICATION FEE:** - Application Fee by **Demand Draft (Non-Refundable) for Rs. 250/- drawn in favour of 'ESI Fund A/c No. 1' payable at SBI, Jammu.** No Application fee in case of SC/ST/PWD and female candidates. The candidates working in Govt. Service should produce NOC from their department at the time of interview.

13. **Terms and Conditions: -**

1. The Medical Superintendent reserves the right to fill all or none vacancies, to alter the date or cancel the interview without any prior notice.
2. The number of vacancies may be changed without any previous notice.
3. No TA/DA will be paid for interview.

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

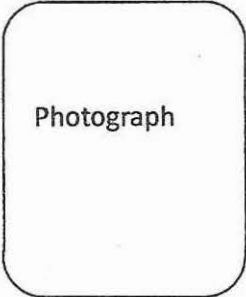
1. Matriculation certificate as proof of age.
2. Permanent Registration with MCI / State Medical Council.
3. MD / DIPLOMA / DNB Degree / MBBS Degree.
4. Attempt Certificates and Marks Sheet of MD / DIPLOMA / DNB /MBBS.
5. Experience Certificate, wherever required.
6. NOC from present employer, if applicable.
7. 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.
8. OBC Certificate / EWS Certificate
8. Two recent passport size photographs.
9. Self-attested copy of Aadhaar / another document.
10. Annexure 'A', 'B' & 'C'

Sd/-

Medical Superintendent  
ESIC Model Hospital, Jammu

**Format of application**

1. Post applied for : \_\_\_\_\_
2. Department applied for : \_\_\_\_\_
3. Name (in Block letters): \_\_\_\_\_
4. Father's/Husband's name: \_\_\_\_\_
5. Date of birth (with documentary proof) : \_\_\_\_\_
6. Category; (SC/ST/OBC/EWS certificates issued by competent authority): \_\_\_\_\_



Photograph

## 7. Qualification; (MBBS/PG Diploma/PG Degree certificates):

Sr. No.	Qualification	Board/University	Year of passing	Marks	Division

## 8. Experience (with certificates) -

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

## 9. Registration (MCI/State registration certificate); \_\_\_\_\_

## 10. Permanent address with PIN code (Telephone/Mobile Number): \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

## 11. Postal address with PIN code (Telephone/Mobile Number): \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

## 12. Detail of Application Fee by Demand Draft: DD No. \_\_\_\_\_ Date : \_\_\_\_\_

Issue Bank \_\_\_\_\_

**DECLARATION**

I hereby 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 this regard. I shall abide by the terms and conditions as prescribed.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**SIGNATURE OF CANDIDATE**

NAME: \_\_\_\_\_

**ANNEXURE 'B'****(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)**

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_____*.	
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**.	
Date_____	District Magistrate/ Deputy Commissioner etc.
Seal of Office	
<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>	
**- As amended from time to time.	
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.	
<b>List of authorities empowered to issue Caste/Tribe Certificate Certificates:</b>	
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.	
ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.	
iii. Revenue Officer not below the rank of Tehsildar.	
iv. Sub -Divisional Officer of the area where the candidate and/or his family resides.	

**Note-I**

The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

The authorities competent to issue Caste Certificate are indicated below:-

District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate /Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).

Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ PresidencyMagistrate.

- i. Revenue Officer not below the rank of Tehsildar.
- ii. 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.

**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: 27th May, 2013.

Signature: .....

Full Name: .....

Address: .....

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