કર્મચારી રાજ્ય વીમા નિગમ
શ્રમ અને રોજગાર મંત્રાલય, ભારત સરકાર
कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(MINISTRY OF LABOUR & EMPLOYMENT, Govt. of India)

सत्यमेव जयते

ક.રા.વી.નિ. હોસ્પિટલ વાપી / क.रा.बी.नि. अस्पताल वापी / ESIC Hospital Vapi
વાપી-સેલવાસ રોડ, ચણોદ, વાપી
वापी –सिलवासा रोड, चणोद, वापी-396195
VAPI-SELVASSA ROAD, CHANOD, VAPI-396195
Phone: 0260-2451473, Email: ms-vapi.gj@esic.nic.in
Website: www.esic.nic.in/www.esic.in

39/ESICH-Vapi/Med. Admn/ SR –FTCS – PTCS (Part File) /2021 Date:12/06/2021

WALK IN INTERVIEW

RECRUITMENT TO THE POST OF SENIOR RESIDENT ON TENURE BASIS UNDER 3 YEARS RESIDENCY SCHEME

Applications are invited for filling the vacant posts of Senior Residents for ESIC Hospital, Vapi for a period of three year on tenure basis (extendable every year), under Residency Scheme as per annual objective evaluation sheet of work performance of concerned Head of Department.

Sr. No.	Description	Senior Residents					
1.	No of Vacant / to be empanelled posts	**Under Residency Scheme on tenure basis for 3 years:** Posts – 9 (Nine)					
2.	Category wise and department wise break-up of Vacant Posts	Specialty	UR	OBC	SC	ST	TOTAL
		Surgery	1	0	0	0	1
		Medicine	1	0	0	0	1
		OBG	0	1	0	0	1
		Orthopedics	1	0	0	0	1
		Pediatrics	1	0	0	0	1
		Anesthesia	1	0	0	0	1
		ENT	1	0	0	0	1
		Pathology	0	1	0	0	1
		Radiology	0	0	1	0	1
		Total	6	2	1	0	9
3.	Minimum Qualification	PG Degree / Diploma or MBBS Degree from recognized university with at least 2 years working experience in the same discipline in which they are proposed to be engaged. **PREFERENCE IS TO BE GIVEN TO A PG DEGREE OR A DIPLOMA QUALIFIED CANDIDATE.**					
4.	Age	As on date of interview: - Not exceeding 45 years, (Relaxation for SC/ST/OBC/PH as per rules).					
5.	Emoluments	As per Central Government Rules adopted by ESIC.					
6.	**Date of Interview**	**23.06.2021, from 09:30 AM onwards.**					

GENERAL INSTRUCTIONS

1. Applicants having complete Bio-Data as per format uploaded **(Annexure A)** on ESIC website along with duly affixed recent passport size photograph, one set of attested photocopies of testimonials (including MBBS pass out marks sheets & certificates, 10th passing certificate as proof date of birth and SC/ST/OBC/PH Certificate) and other relevant documents including MCI / State registration certificate, may report to the office of **Medical Superintendent**, ESIC Hospital , Selvassa Road, Chanod, Vapi, Distt.- Valsad (Gujarat), on 23.06.2021 up to 11:00 AM and any application received thereafter will not be entertained.
2. Candidate claiming reservation / age relaxation on ground of belong to the OBC should submit the community certificate as prescribed by GOI. The OBC certificate should be latest and not prior to one year from the date of interview.
3. Candidate suffering from 40% or more of the relevant disability shall only be eligible for the reservation for PH category. Certificate of disability in original from any Govt. hospital should be submitted at the time of interview.
4. Candidates working in Govt. Service should produce NOC from their department at the time of interview. Other terms and conditions shall be as per Govt. of India rules adopted by ESIC.
5. Further details will be updated on website www.esic.nic.in Candidates may please refer to our website.

Note:

- No TA/DA will be paid to the candidate for appearing in the interview.
- The candidates must bring original documents for verification on the date of interview.
- The number of posts may increase or decrease as per requirement, with the approval of Medical Superintendent.
- Medical Superintendent, ESIC Hospital, Vapi reserves the right to fill any or no posts or cancel the interview at any stage.

Sd/- 14/06/2021

Medical Superintendent

"Annexure – A"

FORM TO BE FILLED BY THE CANDIDATS FOR THE POST OF SENIOR RESIDENT AT

ESIC HOSPITAL - VAPI, DIST- VALSAD (Guj.)- 396195.

Post: **Senior Resident** Department:_____

Affix Passport Size Recent Colour Photograph

1. Name:_____
2. Father Name:_____
3. Date Of Birth:_____ Gender:_____

   Age on (23.06.2021).....Year_____Month_____Days_____
4. Category (UR/OBC/SC/ST/EWS):_____ Religion:_____
5. Address for Communication:_____

   _____

   _____PIN:_____
6. Contact No.:_____ E- Mail Address:_____
7. Details of MBBS Degree: Year of Passing_____ No. of Attempts_____
8. Details of PG Degree / Diploma /Equivalent:

Sr. No.	Name of Specialty	Year of Passing	% of Marks	No of Attempts

9. Registration with MCI: Registration No.- _____State - _____
10. Experience (If any):

Sr. No	Name of Organisation	From	To	Period
Total Experience: Years_____ Months _____ Days_____				

11. Present Status of Working:

    Name of the Organisation: _____ Date of Appointment:_____

    Designation:_____ NOC Letter Enclosed (Yes / No):_____

(Candidates are instructed to submit Documents as per the Checklist with necessary Comments)

I do hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case of any information is found false / incorrect at the later stage of Recruitment / Appointment, I shall be bound by the decision of ESI Corporation.

Date:

Place: (Signature of Candidate)

Check List of the Documents, to be attached by Candidate with Annexure – A

Sr. No	Documents	Comments Yes / No / NA	Remarks for Office Use
1	Dully filled Forms in Annexure A with all Details and signature		
2	2 Additional Photographs		
3	Aadhar Card Copy		
4	Birth Certificate for Age		
5	Caste Certificate for Category and fee Exemption.		
6	MBBS Mark sheets		
7	MBBS Degree Certificate		
8	MBBS Attempt Certificate		
9	PG Degree / Diploma Mark sheets		
10	PG Degree / Diploma Certificate		
11	PG Degree / Diploma Attempt Certificate		
12	Experience Certificate		
13	MCI Registration Copy		
14	NOC from Present Employer (if applicable)		

(Application without the relevant Documents may lead to rejection of Candidature in Walk in Interview)

Signature of Candidate: _____

Name of the Candidate: _____

(For Office Use)

Remarks and Recommendations for Appearing in Interview for the Candidates:

Signature of Verifying Officer:_____

Name of the Verifying Officer:_____