



क्षेत्रीय कार्यालय, कर्नाटक, नं. 10 बित्रीफील्ड्स, बित्रीपेट, बेंगलोर – 560023. REGIONAL OFFICE, KARNATAKA, NO. 10 BINNYFIELDS, BINNYPET, BANGALORE –560 023, Phone: 080-26740764, E-Mail: rd-karnataka@esic.nic.in Website: www.esic.nic.in/www.esic.in

WALK-IN-INTERVIEW FOR APPOINTMENT OF PART TIME MEDICAL REFEREE

Eligible candidates are invited for walk in interview for appointment as Part time Medical referee on contract basis for the following places in Karnataka:-

SL No	Place of Duty	No of vacant post	
1	Malleshwaram (Bangalore)	1	
2	Bommasandra	1	
3	Shivamogga/Bhadravathi	1	
4	Gulbarga	1	
5	Mangaluru	1	
6	Belagavi	1	
7	Tumkur	1	
8	Bijapur	1	
9	Mysore & Nanjangud	1	
10	Shahabad	1	
11	Karwar	1	
12	Hubli	1	
13	Torangallu	1	
14	Hassan	1	

<u>Date of Interview:</u> 30/07 /2021

Registration for interview from 10:00 AM to 11: 00 AM at nearest Branch Office or Sub Regional Office.

<u>Place of Interview:</u> The following are the respective places of interview for the candidates opting to above places of duty.

Sl. No	Place of Interview	
1 &2	Regional Office, ESI Corporation, Binnypet, Bangalore.	
3	Branch office, ESI Corporation, Shivamogga	
4	Sub Regional office, ESI Corporation, Gulbarga	
5	Sub Regional office, ESI Corporation, Mangalore	
6	Branch office, ESI Corporation ,Belagavi.	
7	Branch Office, ESI Corporation, Tumkur	
8	Branch Office, ESI Corporation, Bijapur	
9	Sub Regional Office,ESI Corporation, Mysore	
10	Branch Office, ESI Corporation, Shahabad	
11	Dispensary Cum Branch Office, ESI Corporation, Karwar	
12	Sub Regional Office, ESI Corporation, Hubli	
13	Branch Office, ESI Corporation, Torangallu	
14	Branch Office, ESI Corporation, Hassan.	

<u>OUALIFICATION REQUIRED</u>: MBBS degree included in schedule Part I of <u>Medical</u> Council of India. Only retired Central/State Government doctors need to apply.

AGE LIMIT: Upper age limit is 64 years as on 30/07/2021.

FOR OTHER TERMS AND CONDITIONS AND APPLICATION FORMAT PLEASE REFER OUR

WEBSITE: https://www.esic.nic.in

Place: Bengaluru Date: 05/07/2021 Sd/-

Regional Director





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TERMS AND CONDITIONS

- 1. The appointment is purely on temporary basis for a period of one year only. It may be extended as per requirement.
- 2. NPA and other allowances are not admissible.
- 3. The appointment shall not confer any right or preference for regular appointment.
- 4. No claim for any service benefits like PF, Pension, Gratuity, Medical Allowance, Seniority and promotion etc. from this contract appointment will be admissible.
- 5. The part time medical referees will be under supervision of State Medical Officer of Karnataka, ESI Corporation Karnataka.
- 6. Termination of service by giving one month notice by either side.
- 7. No TA/DA will be admissible for joining.

INSTRUCTIONS FOR CANDIDATES

Duly filled in application form in the prescribed format as per annexure-I and original certificates are to be brought for verification along with the self attested photo copies of certificates in support of age, qualifications, experience and two passport size photographs should be submitted at the time of walk-in-interview.

Remuneration: the breakup of the remuneration is as under:

a) For one session per week : Rs 2500/- Per Month.

b) For every additional session of each week: Rs 1250/- Per Month.

c) Total (Maximum) for 15 sessions or more : Rs 20000/- Per Month.

Each Session should not be less than 2 (TWO) Hours.



Annexure - I

PROFORMA OF APPLICATION FOR APPOINTMENT AS PART TIME MEDICAL REFEREE

1. Name i	n full (Capital Letters)	:			
2. Gender	Gender				Affix
3. Date of	3. Date of Birth (Copy of Proof)			F	hotograph
4. Nationa	4. Nationality				
5. Postal Address with Mobile No/e-m		mail ID:			
6. Permanent address					
7. Educat	ion Qualifications				
Name of Examination	Institute/College attended		University	Year of Passing	Percentage
					-
8. Date of Ap	ppointment in Govt, Service	s :			
9. Post held in	n Govt. Service	:			
10. Present pla	ace of posting				
11. Experience	e/details of employment	;			
12. Any other information :		:			
I hereby	declare that all the stateme	ents made in	this application are	e true and c	orrect to the
best of my kno	wledge and belief. I unders	stand that th	e department can ta	ake action a	gainst me in
case the inform	nation furnished is found to	be incorrect	t/false/sunnressing	any farts	

Date:

Signature of the Candidate

Place:

with Name