

442-U-16/63/MH/RKL/2011-Admn.

I/952118/2024



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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Date: 03.01.2024

### **RECRUITMENT ADVERTISEMENT**

**Applications are invited for Recruitment to the post of PART TIME SPECIALIST 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	PART TIME SPECIALIST			
No. of Post	05			
Speciality wise vacancy & Category	Sl No	SPECIALITY	No. of Post	CATEGORY
	01	ANAESTHESIA	01	UR
	02	ENT	01	UR
	03	EYE	01	UR
	04	ORTHOPAEDICS	01	OBC
	05	RADIOLOGY	01	UR
Pay	Consolidated Pay Rs 60,000/- per month for 4 days in a week and 4 hours 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 Instruction of ESIC Hqrs Office dated 13.04.2022 or the remuneration will be amended accordingly as per instruction issued from ESIC hqrs Office from time to time on the subject.			
Educational Qualification	Post Graduate Degree or equivalent (after MBBS) from a recognized institution with minimum 3 years of experience <b>OR</b> PG Diploma from a recognized institution with minimum 5 years of experience in respective specialty.			
Age Limit	Not exceeding 69 years as on the date of interview.			
Last Date of Receipt of Application	<b>22.01.2024</b> The willing candidate under discipline of <b>ANAESTHESIA, ENT, EYE , ORTHOPAEDICS &amp; RADIOLOGY</b> by 22.01.2024. The date of walk-in – interview will be communicated to the candidate through e-mail/web-Notice.			
Fee	For General & OBC candidates fee is Rs 300/- in the form of Demand Draft' in favour of 'ESIC Modal Hospital A/c 2' payable at SBI 'Rourkela'. There is no fee for SC/ST/women & PWD Candidates.			

**P.T.O**

**A: How to apply:**

The willing candidate under speciality of **ANAESTHESIA, ENT, EYE, ORTHOPAEDICS & RADIOLOGY** may submit their duly filled in application the Office of Medical Superintendent by 22.01.2024 on e-mail [ms-rourkela.or@esic.nic.in/mh-rourkela@esic.nic.in](mailto:ms-rourkela.or@esic.nic.in/mh-rourkela@esic.nic.in). The physical form of the application along with educational qualification, experience certificate, Fee by way only to General/OBC male candidate may be submitted on the date of interview. The date of Interview shall be communicated to the applicant through e-mail / web notice in due course.

**B: One the date of walk in Interview the candidate shall bring the following documents with them.**

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
4. Demand draft for Rs 300/- in favour of 'ESIC Modal Hospital A/c 2' payable at SBI 'Rourkela' applicable to male General/OBC category candidate.

Besides, the eligible candidates are required to bring the original certificates/ testimonial during the time of interview.

**C: 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 to be 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 interview.
3. 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.
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. Part-time Specialists are also not allowed of any private practice during the working hour at ESIC Model Hospital, Rourkela.
9. Hostel Accommodation / quarters will not be provided.
10. The appointment shall not confer any right or preference for regular appointment in E.S.I. Corporation.
11. The decision of the selection board will be final in all aspects of selection and no further correspondence will be entertained under any circumstances.
12. The payment of Remuneration shall be guided by instructions on subject from ESIC Hqrs. Office from time to time.
13. 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 bare by the candidate.
14. 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.
15. 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**" with this notice and along with original testimonial certificates towards, Educational qualifications, Age, Cast Certificates, Experience Certificates etc.

Signed by

Jayanti Behera

Date: 03-01-2024 16:21:36

**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 22.01.2024 : \_\_\_\_ 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:



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

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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:.....**