



श्रम एवं रोजगार मंत्रालय, भारत सरकार  
MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA  
आदर्श अस्पताल  
कर्मचारी राज्य बीमा निगम  
सेक्टर-9ए, गुरुग्राम (हरियाणा)  
EMPLOYEES' STATE INSURANCE CORPORATION  
SECTOR-9A, GURUGRAM (HARYANA)  
फोन नं- 0124-2255133, ईमेल-ms-gurgaon.hr@esic.nic.in



No. 13(2)A/12/16/2021-Rectt.

Dated: 03.12.2021

**WALK IN INTERVIEW FOR RECRUITMENT OF SENIOR RESIDENT FOR 44 DAYS OR TILL  
REGULAR INCUMBENT JOINS WHICHEVER IS EARLIER TO BE HELD ON 08.12.2021**

**Applications are invited for the following positions: -**

**1. Senior Resident for 44 days or till regular incumbent joins whichever is earlier): Total  
Vacancy- 10)**

<u>S.N</u> <u>o</u>	<u>Department</u>	<u>Vacancy</u>	<u>Date &amp; Time of Interview</u>
1	Obst. & Gynae	02	Medical Superintendent Office on 08/12/2021 (Wednesday) at 09:00AM
2	Surgery	01	
3	ENT	01	
4	Eye	01	
5	Anesthesia	03	
6	Paediatrics	02	
	<b>Total</b>	<b>10</b>	

**Qualification/Eligibility-**

Post Graduate Degree or Diploma in concern specialty from recognized university, registered with Medical Council of India or State Medical Council. **Candidate possessing at least 02 (Two) years experience after completing MBBS in concerned specialty /discipline** may also appear in the walk-in interview and shall be selected, if no PG /Diploma candidate appear in the identical specialty.

**Emoluments:** Consolidated remuneration per month Rs. 1,01,000/- as per HQ latest guideline. It is stated that an amount of Rs.1350/- is to be deducted if the SRs possess only Diploma and Deduction of Rs. 2250/- is to be made if the SR concerned does not possess Diploma/degree.

**Age:** Not exceeding 45 years as on the date of interview (Relaxation for OBC/SC/ST/PWD) and all others as per central government rules.

**OBC Certificate should be in the prescribed form as per govt. of India instructions which should certify that the candidate does not belong to any one of the creamy layers.**

**Note: Vacancy position in r/o above mentioned seats is subject to change at the discretion of Medical Superintendent**

**How to apply: -**

The eligible and desirous candidates, along with their application filled properly in prescribed Performa "Annexure-A" should appear for a walk-in-interview with application.

**They should also bring two recent passport size photographs along with attested photocopies and originals of testimonials and Demand Draft. (For fees as detailed below): -**

**Fee Payable: -**

Category	Amount (in Rs.) (All Posts)	Demand Draft in favour of
Unreserved & OBC	300/-	ESIC Fund account No.2 payable at Gurugram
SC & ST	75/-	
PWD & Women Candidate	No Fee	

**Terms & Conditions:-**

- Private practice of any kind will not be allowed.
- No TA/DA will be paid to candidates for appearing in the walk-in-interview.
- Reservation for PWD Candidate is as per rule.
- Application Fee should be submitted by the candidate is non-refundable.
- The Medical Superintendent reserves the right to fill up or not to fill up any vacancy.
- The Medical Superintendent reserves the right to alter the date or cancel the interview.
- Vacancies are likely to change depending upon actual requirement at the time of interview.
- At the time of joining selected candidates will have to sign "AGREEMENT" as per ESIC norms and the cost of stamp paper of Rs.100/- for "Agreement" will be borne by the candidate.

  
**Medical Superintendent**

Dr. Shubhra Gupta

चिकित्सा अधीक्षक

Medical Superintendent

क० रा० वी० नि० आर० अस्पताल सेक्टर-९०, गुरुग्राम (हरि)  
E.S.I.C. Model Hospital, Sector-9A, Gurugram (Hr)

**Annexure-A**

**Application for the post of contractual doctors in ESIC Model Hospital, Sector-9A, Gurugram (Haryana)-122001.**

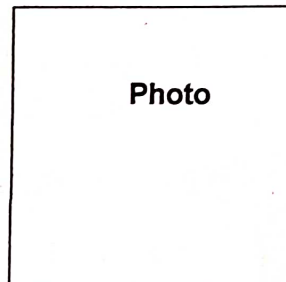
Post for which applying \_\_\_\_\_

Recent Passport size photograph duly attested.

Name (in Block Letters): \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_



Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone/Mobile Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age as on 08/12/2021: \_\_\_\_\_

Whether SC/ST/OBC/General/PH: \_\_\_\_\_

Educational/Professional Qualification: -

<b><u>DEGREE/ DIPLOMA/PG DEGREE</u></b>	<b><u>YEAR PASSING</u></b>	<b><u>OF</u></b>	<b><u>UNIVERSITY</u></b>	<b><u>NO. ATTEMPTS</u></b>	<b><u>OF</u></b>	<b><u>PERCENTAGE/ REMARKS</u></b>
MBBS						
PG Diploma						
PG Degree (MD/MS/DNB/ Any other						

**Work Experience:-**

Sr.No	Post Held	Institution	Period (Dates: from-to)	Period in months/year
1				
2				
3				
4				

**Whether worked/working as Senior Resident: Yes/No**

**in any Central/State Govt/ESIC. If yes:-**

**1. Period of SR Ship from \_\_\_\_\_ to \_\_\_\_\_**

**2. Name of Organization & Address:-**

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**3. NOC Obtained by Organization :- \_\_\_\_\_**

**4.Registration of MCI/DCI :- \_\_\_\_\_**

**Have you ever been dismissed from any Institution or Punished?**

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**Declaration:** I do hereby declare 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/canceled and in the event of any statement/information found false/ incorrect even after my memorandum, my services are liable to be terminated without any notice. I am citizen of India by birth/domicile.

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

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

Signature of the candidate: \_\_\_\_\_

**Check list of enclosures Must be enclosed:-**

- |                                                                                           |        |
|-------------------------------------------------------------------------------------------|--------|
| <input type="checkbox"/> Date of Birth Certificate                                        | Yes/No |
| <input type="checkbox"/> Degree Certificate along with attempt certificate                | Yes/No |
| <input type="checkbox"/> Diploma Certificate along with Certificate, if applicable        | Yes/No |
| <input type="checkbox"/> Experience Certificate/NOC, if applicable from previous Employer | Yes/No |
| <input type="checkbox"/> MCI/DCI or State Council Registration Certificate                | Yes/No |
| <input type="checkbox"/> Caste (SC/ST/OBC) Certificate, if applicable                     | Yes/No |
| <input type="checkbox"/> Certificate of Person with Disability, if applicable             | Yes/No |