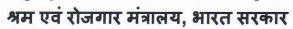


# कर्मचारी राज्य बीमा निगम **Employees' State Insurance Corporation**



### Ministry of Labour & Employment, Government of India

**क्षेत्रीय कार्यालय गोवा,** पंचदीप भवन, ई.डी.सी. प्लॉट संख्या 23, पाट्टो,पणजी,गोवा-403001 Regional Office Goa, Panchdeep Bhavan, EDC Plot No. 23, Patto, Panaji, Goa-403001

दूरभाष/Tel: 0832-2438870, फ़ैक्स/Fax: 0832-2438858, टोलफ्री/Toll free No. 1800-11-2526

ई-मेल/E-mail : rd-goa@esic.nic.in, वेबसाइट/Website : www.esic.nic.in

# ADVERTISEMENT FOR ENGAGEMENT OF PART TIME SPECIALISTS IN ESI HOSPITAL, MARGAO-GOA

No:32-U-16/39/2018(141)-Bft

**NOTICE** 

Date: 16/03/2022

Applications are invited for filling the vacant posts of Part Time Specialist for a period of one year or till regular specialists join, whichever is earlier. Details are as under:

| Sr. No | Description                        | Details  |  |  |
|--------|------------------------------------|--|--|--|
| 1      | Nos. of vacant posts               | 04 [Unreserved: 04]  |  |  |
|        | Names of posts                     | 01 Nos. Jr. Dermatologist/Skin   |  |  |
|        |                                    | 01 Nos. Jr. E.N. T. Surgeon  |  |  |
|        |                                    | 01 Nos. Jr. Chest Specialist   |  |  |
| 2      | Minimum Ed.                        | 01 Nos. Jr. Radiologist  |  |  |
| -      | Minimum Educational Qualification  | PG Degree or Diploma in concerned specialty from Recognized University With 3 (three) years' experience after acquiring PG Degree/ OR minimum of 5 (Five) years experience after Post-Graduate diploma.  |  |  |
|        |                                    | Knowledge of Hindi/Konkani/Marathi desirable.  The candidate should have registration of a valid Medical Council.  |  |  |
| 3      | Age                                | Not exceeding 69 years as on date of interview.  |  |  |
| 4      | Emoluments                         | Rs. 40,000/- per month for 2 sessions per day x 5 days in a week. Duration of each session of two hours. For extra session of two hours-Rs. 1,000/- Attending emergency call Rs. 1,000/- subject to a maximum of Rs. 8,000/- per month.  Note: Pay & Allowances will be revised as per |  |  |
| 6      | Last date for sending Applications | clarifications from ESIC Headquarters office. 05/04/2022 by 5.00 PM  |  |  |

For detailed information and application form, please visit our website at www.esic.nic.in

(Manoj Kumar Shaw) Regional Director I/c.



## कर्मचारी राज्य बीमा निगम

## Employees' State Insurance Corporation श्रम एवं रोजगार मंत्रालय, भारत सरकार

## Ministry of Labour & Employment, Government of India

क्षेत्रीय कार्यालय गोवा, पंचदीप भवन, ई.डी.सी. प्लॉट संख्या 23, पाट्टो,पणजी,गोवा-403001 Regional Office Goa, Panchdeep Bhavan, EDC Plot No. 23, Patto, Panaji, Goa-403001

-दूरभाष/Tel: 0832-2438870,

फ़ैक्स/Fax : 0832-2438858, टोलफ़ी/Toll free No. 1800-11-2526

ई-मेल/E-mail : <u>rd-goa@esic.nic.in</u>, वेबसाइट/Website : <u>www.esic.nic.in</u>

No: 32-U-16/39/2018(141)-Bft

Date:16/03/2022

#### WALK-IN INTERVIEW

## FOR ENGAGEMENT OF PART TIME SPECIALISTS IN ESI HOSPITAL, MARGAO-GOA

Applications are invited for filling the vacant posts of Part Time Specialist for a period of one year or till regular specialists join, whichever is earlier.

| Sr. No  | Description                        | Details  |  |  |  |
|---------|------------------------------------|--|--|--|--|
| 1       | Nos. of vacant posts               | 0 <b>å</b> [UR: 04]  |  |  |  |
| 21E) 18 | Names of posts                     | 01 Nos. Jr. Dermatologist/Skin 01 Nos. Jr. E.N. T. Surgeon 01 Nos. Jr. Chest Specialist 01 Nos J r. Radiologist  |  |  |  |
| 2       | Minimum Educational Qualification  | PG Degree or Diploma in concerned specialty from Recognized University With 3 (three) years' experience after acquiring PG Degree/ OR minimum of 5 (Five) years experience after Post-Graduate diploma.  Knowledge of Hindi/Konkani/Marathi desirable.  The candidate should have registration of a valid Medical Council. |  |  |  |
| 2       | Ago                                | Not exceeding 69 years as on date of interview.  |  |  |  |
| 4       | Age<br>Emoluments                  | Rs. 40,000/- per month for 2 sessions per day x 5 days in a week. Duration of each session of two hours.   |  |  |  |
|         |                                    | For extra session of two hours-Rs. 1000/- Attending emergency call Rs. 1,000/- subject to a maximum of Rs. 8,000/- per month.  Note: Pay & Allowances will be revised as per clarifications from ESIC Headquarters office.   |  |  |  |
| 6       | Last date for sending Applications | 05/04/2022 by 5.00 PM  |  |  |  |

#### Terms and conditions:-

- 1. The number of vacancies may be changed without any prior notice.
- 2. No. TA/DA will be admissible either for attending the interview or for joining the post.
- 3. The Competent Authority reserves the right to fill up all or not to fill up any post.
- 4. Selected candidates will have no claim for regularization of the service in the hospital
- 5. Hostel accommodation/quarters/uniform will not be provided.
- 6. The selected candidates' will have to join within 15 days from the date of receipt of the Selection order
- 7. The selection is subject to the candidates proving their medical fitness.
- 8. The cutoff date with respect to qualification for all posts is 30/12/2020.
- 9. No claim for any service benefit like PF, Pension, Gratuity, Medical Allowance, Seniority, Promotion and leave will be admissible.
- 10. Candidates must have a valid registration of a valid Medical Council.
- 11. The candidate who is in Government Service should submit" No Objection Certificate" from the employer at the time of interview. Retired candidates should furnish copy of PPO.
- 12. All the candidates are directed to send in their applications to the Regional Director I/c, ESI Corporation, Panchdeep Bhawan, EDC Plot No. 23, Panaji-Goa, 403001 by Registered Post/Speed Post. The Application to be super scribed as "Application for the post of Part-Time Specialist Doctor".
- 13. The application should be accompanied by a Demand Draft of Rs. 300/- issued (after the date of publication of advertisement) in favour of ESI Fund A/c No. 1 payable at Panaji, Goa. This should be clipped on top of the application. SC/ST/Female/PH candidates are exempted from payment of fees.
- 14. The interview will be held at ESIC, Regional Office, Goa. The date of which shall be intimated to the shortlisted candidates.
- 15. The candidates are advised to a bring along a copy of their application along with their original Documents in support of their Date Of Birth, Proof of Educational Qualification, Experience Certificates, Caste Certificates as per Govt. Of India formats, Non-Creamy Layer Certificates as per Govt. of India format valid for the current year/ latest in case of OBC (Format Enclosed) at the time of interview. They are advised to appear for interview a copy of duly filled "Annexure-1".
- 16. The decision of the selection board will be final on all aspects of selection and no further correspondence will be entertained under any circumstance.
- 17. In case regular incumbent joins in, the appointment shall be terminated, forthwith
- 18. The Regional Director I/c reserves the right to alter the date or cancel the interview.
- 19. Selected candidates will have to sign Agreement of Terms & Conditions on Rs. 100/-Stamp paper to be purchased by the candidate prior to joining.
- 20. On selection the candidates have to open an SB Account in the State Bank of India (This is applicable to cases where SB account is not held in State Bank of India).

For Candidates: -Documents Required (Original to be brought at the time of interview and self attested photocopy along with two passport size photos to be sent along with the application)

- i) Matriculation Certificate for Age Proof.
- ii) Proof of Educational Qualification.
- iii) Registration Certificates. Registration of State Medical Council.
- iv) Internship Completion Certificate.
- v) Caste Certificate/Non Creamy layer Certificate.
- vi) Experience Certificates.
- vii) Annexure 1.

| NAME                        |   |   |   | I HOSPITAL, N                                  |             | No manual tr |  |
|-----------------------------|---|---|---|--|-------------|--------------|--|
|                             |   |   |   |  |             | Affix        |  |
|                             |   | CATEGO  |   | recent   |             |              |  |
|                             |   | NTERVIEWYE  | photograp   |  |             |              |  |
| ADDR                        |   |   |   |  |             | y Lesson To  |  |
|                             |   |   |   |  |             |              |  |
| RELIC                       |   | (CA   |   |  |             |              |  |
| CONT                        | TACT NO:                                      | EMAIL   |   |  |             |              |  |
| AADI                        | -IAR NO:                                      | F   | PAN   | MOB NO   | )           |              |  |
|                             |   | SSING)  |   |  |             |              |  |
|                             |   |   |   |  |             |              |  |
| 1031                        | POST GRADUATION (DEGREE/DIPLOM<br>SR.NO DEGRE |   | E/DIPLOMA YEAR OF F   |  | UNIVERSI    | TY/INSTITUTE |  |
|                             |   | *   |   |  |             |              |  |
|                             |   |   |   |  |             |              |  |
| -                           |   |   |   |  |             |              |  |
|                             |   |   |   |  |             |              |  |
|                             |   |   |   |  |             |              |  |
|                             | ERIENCE                                       |   |   |  |             |              |  |
|                             |   | - TOLONIA TION  | FROM  | TO   |             | DEBIOD       |  |
|                             | SR. NO  | DESIGNATION   | FROM  |  |             | PERIOD       |  |
|                             | SR. NO  | DESIGNATION   | FROIVI  |  | )           | PERIOD       |  |
|                             | SR. NO  | DESIGNATION   | FROM  |  |             | PERIOD       |  |
|                             | SR. NO  | DESIGNATION   | FROM  |  |             | PERIOD       |  |
|                             | SR. NO  | DESIGNATION   | FROM  |  |             | PERIOD       |  |
|                             | SR. NO  | DESIGNATION   | FROM  |  |             |              |  |
| 3. PRE                      | ESENTLY                                       | WORKING AS  | DESIGNATION   |  |             | NAME O       |  |
| 3. PRE                      | ESENTLY                                       | WORKING AS  | DESIGNATION   |  |             | NAME O       |  |
|                             | ESENTLY \                                     | WORKING AS  | DESIGNATION<br>IVATE  |  |             | NAME O       |  |
| <br>14 NO                   | SENTLY \                                      | WORKING ASGOVT/PR ROM PRESENT EMPLOYE                     | DESIGNATION IVATE   | VAILABLE                                       |             | NAME OF      |  |
| <br>L4. NO                  | C CERTIFICATE F                               | WORKING ASGOVT/PR ROM PRESENT EMPLOYE THAT THE INFORMATIO | DESIGNATION IVATE R TAKEN/PPO COPY A  | VAILABLE                                       | ORRECT TO 1 | NAME OF      |  |
| <br>14. NO<br>15. I H<br>KN | C CERTIFICATE F EREBY DECLARE                 | WORKING ASGOVT/PR ROM PRESENT EMPLOYE THAT THE INFORMATIO | DESIGNATION  IVATE  R TAKEN/PPO COPY A  ON GIVEN ABOVE IS  INFORMATION IS FOL | VAILABLE TRUE AND C                            | ORRECT TO T | NAME OF      |  |
| <br>14. NO<br>15. I H<br>KN | C CERTIFICATE F EREBY DECLARE                 | WORKING ASGOVT/PR ROM PRESENT EMPLOYE THAT THE INFORMATIO | DESIGNATION  IVATE  R TAKEN/PPO COPY A  ON GIVEN ABOVE IS  INFORMATION IS FOL | VAILABLE TRUE AND C                            | ORRECT TO T | NAME OI      |  |
| <br>14. NO<br>15. I H<br>KN | C CERTIFICATE F EREBY DECLARE                 | WORKING ASGOVT/PR ROM PRESENT EMPLOYE THAT THE INFORMATIO | DESIGNATION  IVATE  R TAKEN/PPO COPY A  ON GIVEN ABOVE IS  INFORMATION IS FOL | VAILABLE TRUE AND C                            | ORRECT TO T | NAME OF      |  |
| <br>L4. NO<br>L5. I H       | C CERTIFICATE F EREBY DECLARE                 | WORKING ASGOVT/PR ROM PRESENT EMPLOYE THAT THE INFORMATIO | DESIGNATION  IVATE  R TAKEN/PPO COPY A  ON GIVEN ABOVE IS  INFORMATION IS FOL | VAILABLE TRUE AND C                            | ORRECT TO T | NAME OI      |  |
| <br>14. NO<br>15. I H<br>KN | C CERTIFICATE F EREBY DECLARE                 | WORKING ASGOVT/PR ROM PRESENT EMPLOYE THAT THE INFORMATIO | DESIGNATION  IVATE  R TAKEN/PPO COPY A  ON GIVEN ABOVE IS  INFORMATION IS FOU | VAILABLE  TRUE AND C  JND FALSE/IN  CORPORATIO | ORRECT TO T | NAME OF      |  |