



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



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

Dated:07.04.2022

WALK IN INTERVIEW

ADVERTISEMENT FOR RECRUITMENT OF PART TIME HOMEOPATHIC PHYSICIAN ON CONTRACT BASIS FOR A PERIOD OF TWO-YEAR SUBJECT TO RENEWAL EVERY YEAR BASED ON THE WORK PERFORMANCE AND ACCEPTANCE BY BOTH PARTIES.

Applications are invited for the following positions: -

1. PART TIME HOMEOPATHIC PHYSICIAN ON CONTRACT BASIS FOR A PERIOD OF TWO-YEAR SUBJECT TO RENEWAL EVERY YEAR BASED ON THE WORK PERFORMANCE AND ACCEPTANCE BY BOTH PARTIES.

Name of the Post	No. of Post	Age	Qualification	Emoluments	Date & Time of Interview
Part time Homeopathic Physician	01	Not exceeding 35 years as on date of interview (Relaxation for SC/ST/OBC/PH) as per rules).	(A) Degree in Homeopathy from a recognized University / Statutory State Board /Council /Faculty of Indian Medicine or Equivalent under Homeopathic Central Council Act, 1973. (B) Enrolment on Central Register of Homeopathy or State Register of Homeopathy.	Consolidated remuneration of Rs. 50000/- pm (5 hours for 06 days in a week)	Medical Superintendent Office on 12/04/2022 (Tuesday) at 09:00AM

How to apply: -

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

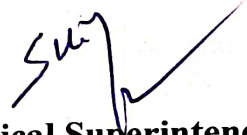
They should also bring two recent passport size photographs along with attested photocopies and originals of testimonials: -

Fee Payable: -

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

Terms & Conditions: -

- ☐ 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 submitted by the candidate is non-refundable.
- ☐ The Medical Superintendent reserves the right to fill up or not 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.
- ☐ The candidates must bring original documents for verification at 9:00 AM on the date of interview.
- ☐ On engagement the selected candidates shall be required to deposit an amount of Rs. 10000/- (Rs. Ten Thousand Only) through Demand draft/Bankers Cheque payable at in favour of 'ESIC Fund Account No.02' at the time of joining, which shall be refundable after completion of tenure. (minimum two-month service including notice period and production of No Dues Certificate.
- ☐ 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

डॉ. शुचरा गुप्ता

चिकित्सा अधीक्षक

Medical Superintendent

कठ रोड बी 0 नो आर्दस बजारवाला सेक्टर-9A, 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: _____

Photo

- Correspondence Address: _____

- E-mail Address: _____

- Telephone/Mobile Number: _____

- Date of Birth: _____

- Age as on 12/04 /2022: _____

- Whether SC/ST/OBC/General/PH: _____

- **Educational/Professional Qualification: -**

DEGREE/ DIPLOMA/PG DEGREE	YEAR PASSING	OF UNIVERSITY	NO. ATTEMPTS	OF	PERCENTAGE/ REMARKS
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: Yes/No

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

1. period from _____ to _____

2. Name of Organization & Address: _____

3. NOC Obtained by Organization: _____

• Registration no. of Central Register of Indian Medicine/State Register of Indian Medicine/:

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

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 appointment, 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: -

- | | |
|--|--------|
| • Date of Birth Certificate | Yes/No |
| • Degree Certificate along with attempt certificate | Yes/No |
| • Diploma Certificate along with Certificate, if applicable | Yes/No |
| • Experience Certificate/NOC, if applicable from previous Employer | Yes/No |
| • CRIM/SRIM or State Council Registration Certificate | Yes/No |
| • Caste (SC/ST/OBC) Certificate, if applicable | Yes/No |
| • Certificate of Person with Disability, if applicable | Yes/No |