



क रा बी नि अस्पताल
E S I C Hospital
कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
वण्णारपेट्टै, तिरुनेलवेली, तमिलनाडु - 627 003
Vannarpettai, Tirunelveli, Tamil Nadu - 627 003

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वेबसाइट Website : www.esic.nic.in

Walk-in-interview for Recruitment of part time specialists for ESIC Hospital, Tirunelveli

Applications are invited for the post of PART TIME SPECIALIST for ESIC Hospital, Tirunelveli purely on temporary basis in the following Departments.

1. Vacancy:

| Sl.No | Department | No of Vacancy |
|-------|---------------|---------------|
| 1. | Ophthalmology | 1 |
| 2. | E.N.T | 1 |
| 3. | Radiology | 1 |

Age: Not exceeding 64 years

Admissible Salary/Honorarium :-

- Rs.40,000/- P.M for 2 sessions per day x 5days in a week. Duration of each session is of two hours.
- Rs. 1000/- for Extra session of Two Hours.
- Attending emergency call Rs. 1000/- subject to a maximum of Rs.8000/- per month.

Interested candidates may appear for walk- in- interview on 16-04-2013 at 10:00 AM along with Application, Testimonials (in Original), copies of certificates and recently taken 2 passport size photos.

Qualification & Experience:

Post Graduation degree or equivalent (after MBBS) with 3 year's experience after Post Graduation or 5 year's experience after Post Graduation Diploma in respective specialty.

Date of Interview 16.04.2013 at 10 AM

Venue ESIC Hospital, Salai Street, Vannarpettai, Tirunelveli -627 003.

Application can be downloaded from the Website. www.esicchennai.org & www.esic.nic.in
Last date for submission of application on or before 12.04.2013

MEDICAL SUPERINTENDENT

APPLICATION FORM FOR THE POST OF PART TIME_____

(To be submitted on or before 12.04.2013)

1. NAME (in capital letters) _____
2. Father's/Husband Name _____
3. Date of Birth (in figures) _____
(in words) _____
4. (a) Religion _____
(b) Nationality _____
5. Mailing Address _____

(With e-mail address) _____
And telephone number _____
6. Permanent Address _____
(With telephone Number) _____
7. Sex (write 01 for Male, 02 for Female) _____
8. (i) (a) If physically handicapped **Yes/No**
(Orthopedically handicapped)
(b) Percentage of Disability _____
- (ii) Whether Ex-serviceman **Yes/No**
9. Community to which applicant belongs _____
(Write 01 for SC, 02 for OBC ,03 for General)

| |
|---|
| Affix attested Recent passport Size photo |
| Signature of the Candidate |

10. Essential educational Qualifications & other Training Course (Attach Annexure if Necessary)

| Name & University Address of College | Duration | | Degree / Examination Passed | Subjects | Percentage of Marks obtained |
|--------------------------------------|----------|----|-----------------------------|----------|------------------------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

11. Date of Completion of compulsory Rotating Internship _____

12. Date of Registration with MCI / SMC /DCI _____

13. Details of Employment in Chronological order (Attach Annexure if Necessary)

| Name of the Organization (please Specify whether Central Govt. / State Govt. /Public Sector /Autonomous body/private sector) | Position (s) held and to whom reporting | Period of Service | Nature of Work done & reasons for Leaving | Scale of Pay | Basic pay |
|--|---|-------------------|---|--------------|-----------|
| | | | | | |
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I hereby declare that all the statement made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information found false or incorrect at any stage, my candidature / appointment shall be Liable to be cancelled / terminated summarily without notice or any compensation in Lieu thereof.

I also affirm that “No objection certificate” from the present employer for applying this post has been applied for/taken.

Place: _____

Date: _____ Signature of the candidate