



ESI CORPORATION, ESIC HOSPITAL
Varatharajapuram, Coimbatore-15.
Website:www.esic.nic.in & Email: esihplkovai@gmail.com.

Phone No. 0422-2598882,81

Fax No: 0422-2574398

Walk-in Interview for Recruitment of Doctors on contract basis

Applications are invited for the post of **PART-TIME SPECIALIST** for ESIC Hospital, Coimbatore on purely temporary basis in the following Departments. Tenure of contract will be for 11 months.

Sl.No.	SPECIALITY	VACANCY
1.	PEDIATRICS	1
2.	GENERAL MEDICINE	1

Eligibility Criteria:

- i) Age upto 45 Yrs; Retired from Govt., Upto 64 Yrs.
- ii) Qualification and Experience
 - a) Post Graduation Degree or equivalent (after MBBS) with 3 years Experience, after Post Graduation or 5 years experience after Post Graduation Diploma in respective Speciality.

Reservation will be followed as per central Govt., rules

Emolument per Month:

1. Rs. 40,000/- PM for 2 sessions per day x 5days in a week, duration of each Session is of two hours.
2. Rs. 1000/- for Extra session of Two Hours.

Interested candidates may appear for **Walk-in interview on 10.06.16** along with Application, Bio-data, Testimonials (in Original), Copies of certificate and recently taken 2 passport-size photos. Interview will take place in Medical Superintendent Chamber on **10.06.2016. Registration starts at 9.00 a.m & Interview starts at 10 am.**

The application shall be submitted on or before **10.06.2016. Application form may be downloaded from the ESIC website Section.**

MEDICAL SUPERINTENDENT.

R.K./19.05.2016

ESI CORPORATION
ESIC MEDICAL COLLEGE & HOSPITAL
 Varatharajapuram, Coimbatore-15.

Phone No.0422-2598882, B1 Fax No: 0422-2574398 E-Mail-esihplkoyal@gmail.com

APPLICATION FORM FOR THE POST OF PART TIME SPECIALIST

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 & telephone number)
6. Permanent Address _____
 (with telephone number)
7. Sex (write 01 for Male, 02 for Female) _____
8. (i) (a) PWD _____ Yes/No
 (b) Percentage of Disability _____
- (ii) Whether Ex-servicemen _____ Yes/No
9. Community to which applicant belongs _____
 (write 01 for SC, 02 for OBC, 03 for General)
10. Essential educational Qualifications and other Training course (Attach Annexure if Necessary)

Affix attested
 Recent passport
 size photo

Signature of the
 candidate

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