



क.रा.बी.नि.
E.S.I.C.

कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt.
of India)



सत्यमेव जयते

चिकित्सा महाविद्यालय एवं अस्पताल
Medical College & Hospital
देसूला, एमआईए, अलवर (राज.)- 301030
Desula, MIA, Alwar (Raj) - 301030
E-mail:- dean-alwar.rj@esic.nic.in
ms-alwar.rj@esic.nic.in
Website:- www.esic.nic.in/ www.esic.in

ADVERTISEMENT NO. 01/2021(COVID)

Walk-In-Interview on every Monday/Wednesday/Friday at 12 noon
in the Conference Hall, Academic Block
at ESIC Medical College & Hospital, Alwar (Raj)
starting from 17.05.2021 for
Engagement of Post Graduate Specialists & Senior Residents for
COVID-19 crisis management up to 03 months
(On Contract Basis, Honorarium upto Rs 8000 Per Shift)

Qualification Post Graduate Degree (MD/MS/DNB) /Diploma in Medicine/
Anaesthesia/Emergency Medicine/Critical Care/Pulmonary Medicine/ Family
Medicine/Radiology/Paediatrics..

Work Experience required: Post MD/MS/DNB three years.
(For Specialist only): Post Diploma five years.

Number of Post: 50

Note:

1. Interviews shall be conducted until vacancy exists.
2. Details available on website: www.esic.nic.in.
3. Interested Candidates may submit their bio-data on the
Email Id : dean-alwar.rj@esic.nic.in, ms-alwar.rj@esic.nic.in


15/05/21
Medical Superintendent

➤ AGE LIMIT:

Sr. No.	Post	Age Criterion
1.	Specialists*	Not more than 55 years
2.	Senior Resident*	Not more than 45 years.

* Without any Co-morbidity.

➤ Honorarium:

Sr. No.	Post	Honorarium per day/ per shift on pro rata basis.
1.	Specialist(Post Graduate)	8000/-
2.	Senior Resident(Post Graduate)	7000/-
3.	Fresh Diploma (up to 5 years of experience)	6000/-

➤ TERM OF CONTRACT :

- Selected candidates shall be appointed purely on contractual basis for a period up to three months.
- The Contractual engagement may be terminated / discontinued on either side giving seven days prior notice without assigning reason.
- Other terms and condition will be applicable as issued by competent authority from time to time.

➤ The following testimonials should be attached with application form:

- Two copy of recent self-attested passport size photograph.
- Self-attested copies of certificates and testimonials in support of proof of age (Date of Birth), Educational Qualification, Experience etc.


Note:- Candidates may contact DEAN/ MS OFFICE, ESIC MEDICAL COLLEGE, MIA, ALWAR (RAJ.) on mobile number 9212121983 between 11.00 AM to 4.00 PM on working days for any clarification.

They may also send their queries, if any, on E-Mail: dean-alwar.rj@esic.nic.in, ms-alwar.rj@esic.nic.in

➤ Selection Procedure:

- The selection will be made on the basis of performance of the candidate in interview before the selection Board.
- Result will be communicated through e-mail/sms and will be displayed on web-site.
- Selected candidates will have to join immediately after receipt of offer of Appointment.

Dated: 15.05.2021


15/05/21
Medical Superintendent
ESIC Medical College & Hospital
MIA, Alwar (Raj.),

**APPLICATION FORM FOR ENGAGEMENT OF
SPECIALIST/ SENIOR RESIDENT**

ON

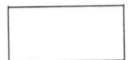
CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE, MIA, ALWAR (RAJ.)

1. (a) Name of ESIC Medical Education Institution applied for _____
(b) Post applied for _____ (c) Specialty applied for _____

2. Name in full (in block letters) _____
3. Father's / Husband's Name _____
4. (a) Date of Birth (in figures) _____
(in words) _____
(b) Age as on date of walk in interview _____
5. (a) Religion _____
(b) Nationality _____
6. (a) Mailing address _____
7. (a) Email _____
(b) Mobile No. _____
8. Permanent Address _____

9. Sex (write 1 for Male, 2 for Female, 3 for Transgender)
10. (i) (a) If Person With Disability (PWD) Yes / No
(b) Percentage of Disability _____
- (ii) Whether Ex-Serviceman Yes / No
- (iii) Whether ESIC / Govt. Employees Yes / No
11. Community to which applicant belongs
(Write 1 for SC, 2 for ST, 3 for OBC and 4 for General)


Ans
15/05/24



12. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

(Attach annexure, if necessary).

Name & Address of College	University	Duration		Degree/ Examination	


15/05/21

13. DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)

(Attach annexure, if necessary).

Name of the Institution	Position(s) held	Period of service		Institution Type	Whether Experience is recognized by MCI
		From	to		

Contd.A/-

Divya
15/05/24

14. Training

Institution	Period	Field of Training

15. Academic attainments and activities _____

(Attach Annexure, If necessary)

- (i) (v)
- (ii) (vi)
- (iii) (vii)
- (iv) (viii)

I hereby declare that all the statements 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 being 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 Candidate _____

Signature
15/05/21