



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



क. रा.बी. नि. आदर्श अस्पताल/ E.S.I.C Model Hospital  
इंडस्ट्रियल एरिया फेस-II रामदरबार, चंडीगढ़ -160002  
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CHANDIGARH-160002  
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No. 172-A/12/23/2014/ESICMH-CHD/Vol.III

Dated 17/03/2021

**WALK-IN INTERVIEW FOR THE POST OF FULL TIME SPECIALISTS/ PART TIME SPECIALIST/ SENIOR RESIDENTS ON CONTRACT FOR 3 YEARS AND 1 YEAR SCHEDULED ON 08/04/2021**

MS, ESIC Model hospital Chandigarh hereby invites applications for the vacancies, in respect to the following posts-

The interview will be scheduled on 08/04/2021 after scrutiny of applications.

**1. Full Time Specialists/ Part Time Specialists on contract for 1 year or till regular incumbent joins whichever is earlier.**

Details are as under:

Name of Post	Number of posts	Reservation Status
Radiology	01	UR
Pulmonary Medicine	01	UR
Dermatology	01	UR

**Essential Qualification:** PG Degree/DNB or Diploma in concerned specialty from recognized University with three (03) years experience after Post Graduate Degree /DNB and five (05) years experience after Diploma. Candidate must be registered with Central /State Medical Council.

**Age:** Not exceeding 45 years as on date of interview for Full Time Specialist and not exceeding 64 yrs as on date of interview.

**Emoluments per month:**

**Full Time Specialist**

- Consolidated remuneration of Rs 1,06,000/- per month.

**Part Time Specialist**

- Fixed remuneration of Rs 60,000 (for 16 hrs per week) + Rs 15,000 (Visiting charge in case of emergency call)

**2. Senior Residents on contract basis for 3 years under ESIC Residency Scheme subject to renewal/ extension every year.**

Details are as under:

Name of Post	Number of posts			
General Medicine	02			
General Surgery	01			
Radiology	01			
Anesthesia	01			
Reservation status	UR	SC	ST	OBC
	02	01	01	01
Reservation is interchangeable among various mentioned departments				

**Essential Qualification:** Post Graduate degree or MBBS degree from recognized university with at least 2 year working experience in which they are proposed to be engaged. Preference is to be given to a PG degree or a Diploma Qualified candidate.

**Age:** Not exceeding 45 years as on date of interview (Relaxation for SC/ST/OBC/PH/Ex-serviceman as per rules.)

**Emoluments per month:**

Basic pay Rs 67,700/- in the level 11 & index-1 of Pay Matrix (Pay-revised Basic pay Rs 18,750/-(PB-3) with the Grade pay Rs 6600/-) and allowances applicable under ESIC rules and scheme of Senior Residency.

**Note:-Candidates who have already completed Three years Senior Residency will not be considered and need not apply.**

### 3. Senior Residents (Against GDMO for one year contractual or till regular incumbent joins whichever is earlier).

Details are as under:

Name of Post	Number of posts				
Casualty /Emergency	02				
Obst and Gynae	02				
Pediatrics	01				
Reservation status	UR	SC	ST	OBC	PWD
	01	00	02	02	01*
Reservation is interchangeable among various mentioned departments					

**\* 1 Post reserved for OA(One Arm Disability) Category & vacancy shall be filled within total 05 Vacancies.**

**Note: If no candidate of PWD category appear for the interview, then the vacancy shall be filled from UR/ST/OBC(Common Category) in view of welfare of Insured persons covered under ESIC.**

**Essential Qualification:** Post Graduate degree or MBBS degree from recognized university with at least 1 year working experience in which they are proposed to be engaged. Preference is to be given to a PG degree or a Diploma Qualified candidate.

**Candidates who have already completed three years Senior Residency will not be considered and need not to apply.**

**Age:** Not exceeding 45 years as on date of interview (Relaxation for SC/ST/OBC/PH/Ex-serviceman as per rules.)

**Emoluments:** As per rules adopted by ESIC

#### How to apply

- Candidates fulfilling the educational qualification and other eligibility conditions should submit their application with one set of self attested copies of the relevant documents (as listed under CHECKLIST on the last page) along-with Annexure 'A' which is available with this document.
- Candidates should report in the office of Medical Superintendent, ESIC Model Hospital, Industrial Area Phase-II, Chandigarh at 9:00am on the stipulated date(8/4/2021).
- Documents will be accepted for scrutiny strictly till 12:00 Noon. Candidates found eligible will be called for interview. Candidates reporting after 12:00 Noon will not be entertained for walk-in interview.

#### Terms and Conditions

1. The Medical Superintendent reserves the right to fill all or none vacancies, to alter the date or cancel the interview without any prior notice.
2. The number of vacancies may be changed without any previous notice.
3. Reservations will prevail as per Central Government Rules.
4. No TA/DA will be paid to candidates for either appearing in the walk-in –interview or joining the post.
5. For any further information/announcements, candidates are requested to continuously check the website [www.esic.nic.in](http://www.esic.nic.in). No further information shall be given through any other sources.
6. Selected candidates will have no claim for regularization of the service at ESIC Model Hospital Chandigarh
7. Selected candidates will have to join within 7 days from the date of receipt of the selection order.
8. The Selected Candidates will have to furnish a DD/ Bankers Cheque for an amount of Rs 50,000/- ( Rupees Fifty Thousand only) drawn in favor of ' ESIC A/C no 1' payable at Chandigarh, towards security deposit, which is refundable after completion of contract. However, this amount will be appropriated towards administrative cost in case the candidate resigns/ terminates his/her contract within three months in case of Senior Residents (Against GDMO for one year contractual) /Full time Specialists/Part Time Specialists and nine months in case of Senior Residents on contract basis for 3 years of the commencement of the contract with or without prior notice and without one month's notice thereafter.
9. The selection is subject to the candidates proving their medical fitness and verification of their character and antecedents.

10. Private practice is strictly not allowed for Full Time Specialists/ Senior Residents as the selected candidates will be in receipt of Non Practicing Allowance. If found guilty, suitable action as provided under the relevant rules shall be taken.
11. The appointment shall not offer any right or preference for regular appointment.
12. In case, regular candidate joins, the appointment shall be terminated immediately without any prior notice.
13. No claim for any service benefit like PF, Pension, Gratuity, Medical Allowance, Seniority, Promotion and leave will be admissible.
14. Candidate seeking reservation benefits for SC/ST/OBC must ensure that they are entitled to such reservation as per eligibility prescribed by GOI. They should also be in possession of the required certificate in the prescribed format in support of their claim as stipulated in this notice at Annexure 'B'. OBC candidates should ensure that they are in possession of valid OBC Certificate issued within the due date issued by the authority mentioned in the CHECKLIST.
15. On selection, candidates have to open a Saving Bank Account in State Bank of India (any Branch). This is applicable in cases where Saving Bank Account is not held in State Bank of India.
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. The cutoff date with respect to qualification for all posts is 08.04.2021.

**CHECKLIST (DOCUMENTS TO BE SUBMITTED WITH APPLICATION FAILING WHICH APPLICATION SHALL BE SUMARRILY REJECTED):-**

1. Matriculation certificate as proof of age.
2. Permanent Registration with MCI / State Medical Council.
3. MD / DIPLOMA / DNB Degree / MBBS Degree.
4. Attempt Certificates and Marks Sheet of MD / DIPLOMA / DNB / MBBS.
5. Experience Certificate, wherever required.
6. NOC from present employer, if applicable.
7. Caste Certificate (if applicable) in original with a copy.
8. Two recent passport size photographs.
9. Self attested copy of Aadhaar / other document.
10. Annexure 'A', 'B' & 'C' (Total Four Sheets attached at 4-7).

**MEDICAL SUPERINTENDENT  
ESIC MODEL HOSPITAL CHANDIGARH**

**ANNEXURE "A"**  
**APPLICATION FORM**

POST FOR WHICH APPLYING\_\_\_\_\_

1. NAME (IN BLOCK LETTERS)\_\_\_\_\_
2. FATHER'S/HUSBAND'S NAME\_\_\_\_\_
3. DATE OF BIRTH \_\_\_\_\_
4. CITIZENSHIP\_\_\_\_\_
5. PERMANENT ADDRESS\_\_\_\_\_
6. CORRESPONDENCE ADDRESS\_\_\_\_\_
7. AADHAAR NO.\_\_\_\_\_
8. E-MAIL\_\_\_\_\_
9. TELEPHONE & MOBILE NUMBER\_\_\_\_\_
10. AGE AS ON DATE OF WALK-IN-INTERVIEW: \_\_\_\_YEARS\_\_\_\_MONTHS\_\_\_\_DAYS
11. WHETHER SC/ST/OBC/GENERAL/PH\_\_\_\_\_
12. EDUCATIONAL/PROFESSIONAL QUALIFICATION:

Please affix a  
recent color  
passport size  
photograph with  
your signature  
across

DEGREE / DIPLOMA / PG DEGREE ETC.	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS
MBBS				
PG DIPLOMA (            )				
PG DEGREE (            )				
DNB (            )				
ANY OTHER QUALIFICATION				

13. WORK EXPERIENCE:

Sr. No.	Post Held	Institution	Period, Dates(From.....To)	Total Period(In Months / Year)

14. WHETHER WORKED/WORKING AS SENIOR RESIDENT, IF APPLICABLE, IN CENTRAL / STATE GOVERNMENT (YES OR NO):\_\_\_\_\_, IF YES,

- i. PERIOD OF SR SHIP FROM\_\_\_\_\_TO\_\_\_\_\_
- ii. NAME OF ORGANIZATION & ADDRESS\_\_\_\_\_

15. MCI/STATE REGISTRATION CERTIFICATE NO.\_\_\_\_\_

16. HAVE YOU EVER BEEN DISMISSED OR PUNISHED:\_\_\_\_\_

SIGNATURE OF THE CANDIDATE

### **DECLARATION**

I do hereby declare that all the statements made by me 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/cancelled 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.

DATE:

PLACE:

SIGNATURE OF THE CANDIDATE

#### **CHECK-LIST OF ENCLOSURES (SELF ATTESTED):**

- i) MATRICULATION CERTIFICATE AS PROOF OF AGE (YES/NO):
- ii) PERMANENT REGISTRATION WITH MCI / STATE MEDICAL COUNCIL (YES/NO):
- iii) MD / DIPLOMA / DNB DEGREE / B.H.M.S. DEGREE / MBBS DEGREE (YES/NO):
- iv) ATTEMPT CERTIFICATES AND MARKS SHEET OF MD/DIPLOMA/DNB/MBBS (YES/NO):
- v) EXPERIENCE CERTIFICATE, WHEREVER REQUIRED(YES/NO):
- vi) NOC FROM PRESENT EMPLOYER, IF APPLICABLE(YES/NO):
- vii) TWO RECENT PASSPORT SIZE PHOTOGRAPHS(YES/NO):
- viii) SELF ATTESTED COPY OF AADHAAR / OTHER DOCUMENT(YES/NO):
- ix) ANNEXURE 'A', 'B' & 'C' (THREE SHEETS PAGE NO. 5-8(YES/NO)

SIGNATURE OF THE CANDIDATE

**ANNEXURE 'B'**

**(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)**

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter of \_\_\_\_\_ of village/town \_\_\_\_\_ in District/Division \_\_\_\_\_ in the \_\_\_\_\_ State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. \_\_\_\_\_ dated \_\_\_\_\_. Shri/Smt./Kumari \_\_\_\_\_ and/or his/her family ordinarily reside(s) in the \_\_\_\_\_ District/Division of the \_\_\_\_\_ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, DOPT. OM No.36012/22/93-Estt. (SCT,) dated 08.09.1993\*\*.

Date \_\_\_\_\_

District Magistrate/ Deputy Commissioner etc.

Seal of Office

**\*- The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.**

**\*\* - As amended from time to time.**

Note: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue Caste/Tribe Certificate Certificates:**

i. District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy. Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner/ Taluka Magistrate /Executive Magistrate.

ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.

iii. Revenue Officer not below the rank of Tehsildar.

iv. Sub -Divisional Officer of the area where the candidate and/or his family resides.

**Note-I**

The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

The authorities competent to issue Caste Certificate are indicated below:-

District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate /Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).

Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.

Revenue Officer not below the rank of Tehsildar.

Sub-Divisional Officer of the area where the candidate and/or his family resides.

**Note II.** The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

**Note III.** The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per **Annexure 'B'** above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

**ANNEXURE 'C'**

**FORM OF DECLARATION TO BE SUBMITTED BY THE OBC CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)**

I ..... Son / daughter of Sh., ..... , resident of  
village/town/city.....district.....state.....hereby declare that I  
belong to the.....community which is recognized as a backward class by the Government of India for  
the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum  
No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/sections/sections (Creamy  
Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No.  
36033/3/2004-Estt. (Res.) dated 9th March, 200, O.M. No.36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No.  
36033/1/2013-Estt. (Res.), dated: 27<sup>th</sup> May, 2013.

Signature: .....

Full Name: .....

Address: .....