

I/271326/2023



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



Government Of India

इंदिरा गांधी, क०रा०बीमा
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ISO-9001:2008 (CERTIFIED))

WALK IN INTERVIEW FOR REQUIREMENT OF SENIOR RESIDENT FOR 39 DAYS EXTENDABLE FOR ANOTHER 39 DAYS OR TILL REGULAR SENIOR RESIDENT /GDMO JOINS, WHICHEVER IS EARLIER, IN VARIOUS DEPARTMENTS

Walk in interview will be conducted on **13.03.2023** for recruitment (selection as well as empanelment) irrespective of category, for engagement of Senior Residents for 39 days and extendable for another 39 days or till Regular Senior Resident/GDMO joins, whichever is earlier, as per details given below: -

| | | | |
|---------------|---|--|------------------|
| S. NO | Description | Senior Residents 39 days and extendable for another 39 days or till Regular Senior Resident/GDMO joins, whichever is earlier. | |
| 1 | No. of Vacant Post | 26 Post | |
| 2 | Department wise break-up of vacant post | Department | Vacancies |
| | | ANESTHESIA | 7 |
| | | MEDICINE | 1 |
| | | GYANE | 3 |
| | | CHEST | 1 |
| | | SURGERY | 7 |
| | | EYE | 2 |
| | | ENT | 1 |
| | | ORTHO. | 2 |
| PEADS. | 2 | | |
| 3 | Minimum Qualification | (a) MBBS with PG Degree/DNB/Diploma or equivalent as per residency scheme in concerned specialty from recognized University/Institution. (b) In the condition, if candidate having PG Degree/DNB/ Diploma are not available, those without PG qualification but having 02 (Two) years' experience in concerned Specialty may be considered. | |
| 4 | Age | As on date of interview: not exceeding 45 years. Age relaxation as per rules. | |
| 5 | Emoluments | Fixed pay of Rs. 1,30,797/- (Rupees One Lakh Thirty Thousand Seven Hundred and Ninety-Seven only). | |

INSTRUCTIONS

1. Applicants having complete Bio-Data as per format uploaded on ESIC website along with duly affixed recent passport size photograph, one set of attested photocopies of testimonials (including MBBS & PG attempt certificate, 10th passing certificate as proof date of birth) and relevant documents including DMC registration certificate may report to the office of Medical Superintendent, IG ESI Hospital, Delhi on the date of walk-in-interview **13.03.2023** at 9.00 A.M The verification of documents will be done up to 10.30 a.m. with original certificate.
2. Candidates claiming reservation/age relaxation on ground of belonging to the OBC should submit the community certificate as prescribed by GOI, DOPT OM No. 36012/12/22/93-ESTT. (SCT) dated 08/09/93 which is modified by GOI DOPT OM No. 36033/3/2004(Res.) dated 09/03/2004 and time to time failing which the benefit of reservation/relaxation will not be given or their application shall be rejected. The OBC Certificate should be latest and not prior to one year form the date of interview
3. The candidates must have applied with Delhi Medical Council at the time of Interview and must be registered at the time of joining.
4. Candidates working in Govt. Service should produce NOC from their department at the time of Interview.
5. Other terms and conditions shall be as per Govt. of India rules.
6. No TA/DA will be paid to the candidates for appearing in the interview.
7. The candidates must bring original documents for verification at 9.00 AM Sharp on the date of interview.
8. The number of posts may increase or decrease as per requirement and approval of Medical Superintendent.

Dy. Medical Superintend

I/271326/2023

PASTE LATEST SELF
ATTESTED
PHOTOGRAPH

| | |
|---------------------|--|
| POST APPLIED | |
| SPECIALITY | |

APPLICATION FOR THE POST OF SENIOR RESIDENT FOR 39 DAYS EXTENDABLE FOR ANOTHER 39 DAYS OR TILL REGULAR SENIOR RESIDENT/GDMO JOINS, WHIHEVER IS EARLIER:

| S.NO. | PARTICULARS | DETAILS | | | | | |
|-------|--|---------|------------------|------|----|--------------|--------------------------|
| 1. | Name in block letters | | | | | | |
| 2. | Father's/Husband Name | | | | | | |
| 3. | Date of birth | | | | | | |
| 4. | Age as on date of interview | | | | | | |
| 5. | Are you citizen of India by birth and or domicile | | | | | | |
| 6. | Permanent Address | | | | | | |
| 7. | Present Residential address | | | | | | |
| 8. | Contact number & E Mail address (in block letters) | | | | | | |
| 9. | Gender: Male/Female | | | | | | |
| 10. | Whether SC/ST/OBC/UR | | | | | | |
| 11. | Identification mark | | | | | | |
| 12. | Aadhar No. | | | | | | |
| 13. | Whether married/unmarried | | | | | | |
| 14. | Education Qualification with year of passing | | | | | | |
| 15. | DMC Registration No. | | | | | | |
| 16. | Experience (if any) Govt./Pvt. Hospital/Institution (in years/month) | S.NO | Name of Hospital | From | To | Total period | Attached certificate Y/N |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 17. | List of enclosures | | | | | | |

DECLARATION:

I undertake that all the information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

(Name & Signature of Candidate)

TO BE FILLED BY OFFICE ONLY

| <u>S.NO.</u> | <u>DETAIL OF DOCUMENTS</u> | <u>ENCLOSED (Y/N)</u> | <u>REMARKS</u> |
|---------------------|--|----------------------------------|-----------------------|
| 1. | DATE OF BIRTH CERTIFICATE | | |
| 2 | MBBS DEGREE | | |
| 3 | MD DEGREE/DIPLOMA | | |
| 4 | DMC REGISTRATION WITH P.G. QUALIFICATION, IF APPLICABLE | | |
| 5 | EXPERIENCE CERTIFICATE | | |
| 6 | CASTE CERTIFICATE (EWS/SC/ST/OBC) | | |
| 7 | PH CERTIFICATE (IF APPLICABLE) | | |
| 8 | ANY OTHER INFORMATION | | |

Check list of enclosure:

1. Date of Birth Certificate (10th passing Certificate)
2. Degree Certificate along with attempt certificate (MBBS)
3. Diploma/PG Certificate along with attempt certificate, if applicable
4. DMC Certificate
5. Experience Certificate, if applicable
6. Caste (SC/ST/OBC/PH) Certificate(latest), if applicable
7. PH CERTIFICATE (If applicable)
8. NOC from previous employer
9. Residential address proof. (Aadhar Card)

UNDERTAKING

*Strike out which is not applicable

1. I hereby undertake that I am not working in any Government Hospital/Institute on the date of interview/I am working in _____ Hospital as _____ from _____ to till date and NOC from _____ is attached.

2. I hereby undertake that following documents are not available with me at the time of Interview and I will submit the same before joining / at the time of joining.
 - a.
 - b.
 - c.
 - d.
 - e.

Name-

Signature-

Date-