/647516/2023



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



Government Of India

इंदिरा गांधी,क0रा0बीमा अस्पताल,झिलमिल,दिल्ली—110095 INDIRA GANDHI ESI HOSPITAL JHILMIL,DELHI-110095

F. No. 011-22144804, 22151329 Fax: 011-22167518

WALK IN INTERVIEW FOR RECRUITMENT 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 **28/08/2023** 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 SR/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	29 Post					
2	Department wise break-up	Department	Vacancies				
	of vacant post	ANAESTHESIA	6				
		SURGERY	4				
		PEADIATRICS	4				
		ORTHO.	4				
		GENERAL MEDICINE	1				
		OBS. & GYNAE.	5				
	le Carron de la liga	EYE	2				
		ENT	1				
		CASUALTY	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	Seven Thousand One Hundred a	Rs.1,27141/- (Rupees One Lakh Twenty- nd forty-One only) as per latest Hqrs. O.M ated 08.12.2022. (revised time to time)				

INSTRUCTIONS/TERMS & CONDITIONS

- Applicants are advised to reach the office of the Medical Superintendent, IG ESI Hospital, Delhi on
 the date of walk-in-interview i.e on 28/08/2023 at 9.00 A.M. along with original documents,
 application form and one set of photocopies(self-attested) as listed on application form. No
 candidate will be entertained after 11 A.M.
- 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 selected candidate for the post of Senior Residents (39 days) will have to furnish a DD of an amount of Rs.10,000/- (Rs. Ten thousand only) drawn in favor of ESI FUND ACCOUNT NO 1" payable at New Delhi at the time of joining as security money deposit.
- 4. The candidates must have applied with Delhi Medical Council at the time of Interview and must be registered at the time of joining.
- 5. Candidates working in Govt. institutes should produce NOC from their department at the time of Interview.
- 6. Other terms and conditions shall be as per Govt. of India rules.
- 7. No TA/DA will be paid to the candidates for appearing in the interview.
- 8. The number of posts may increase or decrease as per requirement and approval of Medical Superintendent.

Dy. Medical Superintendent

TO BE FILLED BY OFFICE ONLY

<u>S.NO.</u>	DETAIL OF DOCUMENTS	ENCLOSED (Y/N)	REMARKS
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 (SC/ST/OBC)		
7	PH CERTIFICATE (IF APPLICABLE)		
8	ANY OTHER INFORMATION		

Checked by:

Check list of enclosure:

- 1. <u>Date of Birth Certificate (10th passing Certificate)</u>
- 2. <u>Degree Certificate along with attempt certificate (MBBS)</u>
- 3. <u>Diploma/PG Certificate along with attempt certificate, if applicable</u>
- 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)

Dy. Medical Superintendent

113/A/12/11/14/23/MED(INTERVIEWSR-39DAYS)

/647516/2023

POST	
APPLIED	
SPECIALITY	

PASTE LATEST SELF ATTESTED PHOTOGRAPH

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

S.NO.	PARTICULARS	DETA	AILS				
1.	Name in block letters						
2.	Father's/Husband Name						
3.	Date of birth						
4.	Age as on date of interview						
<u>4.</u> <u>5.</u>	Are you citizen of India by						
	birth and or domicile						
6.	Permanent Address						
	S. W. L.						
<u>7.</u>	Present Residential address						
<u>8.</u>	Contact number & E Mail						
	address (in block letters)						
9.	Gender: Male/Female			1 21			
10	Whether SC/ST/OBC/UR						
<u>11.</u>	Identification mark						1000
12.	Aadhar No.						
13.	Whether married/unmarried						
14.	Education Qualification with						
	year of passing	1.54.					arbicaca ca hiira
	Guine Carrier						
1.5	DMCD :						
<u>15.</u>	DMC Registration No.	CNO	N CT	-	-		T
<u>16.</u>	Experience (if any) Govt./Pvt.	S.NO	Name of Hospital	From	То	Total period	Attached certificate
	Hospital/Institution (in years/month)					periou	Y/N
	years/month)			Bibli Candilli Cal			
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<u>17.</u>	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)

UNDERTAKING

*Strike out which is not applicable

		the date of interview/I am we		_ Hospital as			
	fro	m to till date and	is attached.				
		and for hing in	kanan peri	af ffirm t			
2.		ereby undertake that following Interview and I will submit the					
	b.						
	c. d. e.	N a contract of the contract o					
		S () () () () () () () () () (
		Name- Signature- Date-					