



ESIC HOSPITAL

Website: www.esic.nic.in EMPLOYEES' STATE INSURANCE CORPORATION Office: 0462- 2502199
Email: ms-tirunelveli@esic.in VANNARPETTAI TIRUNELVELI Fax no: 0462- 2502399
TAMIL NADU- 627003

**Walk in Interview for Recruitment of part time specialists
For ESIC Hospital, Tirunelveli.**

Applications are invited for the post of **PART TIME SPECIALIST** for ESIC Hospital, Tirunelveli on purely temporary basis in the following Departments.

<i>Sl.NO</i>	<i>Department</i>	<i>No of Vacancy</i>
1	General Medicine	1
2	Orthopaedic	1
3	Paediatric	1
4	Obst &Gynaecology	1
5	General Surgery	1
6	Ophthalmology	1

Reservation – SC-01, OBC – 02, UR-03

Age: Not exceeding 64 years

Admissible Salary / Honorarium:-

- (i) Rs.40,000/-P.M for 2 sessions per day × 5days in a week. Duration of each session is of two hours.
- (ii)Rs. 1000/- for Extra session of Two Hours.
- (iii) Attending emergency call Rs. 1000/- subject to a maximum of Rs. 8000/-per month.

Interested candidates may appear for walk –in-interview on 18.02.2012 at 9 AM along with Application, Testimonials (in Original), copies of certificates and recently taken 2 passport size photos.

Qualification & Experience:- Post Graduation degree or equivalent (after MBBS) with 3 years experience after Post Graduation or 5 years experience after Post Graduation Diploma in respective specialty.

Date of Interview:18.02.2012 at 9 AM.

Venue : ESIC Hospital, Vannarpettai, Tirunelveli –627 003.

MEDICAL SUPERINTENDENT



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APPLICATION FORM FOR THE POST OF PART TIME _____

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) _____

And telephone number _____

6. Permanent Address _____

(With telephone Number)_____

7.Sex (write 01 for Male, 02 for Female)_____

8.(i) (a) If physically handicapped **Yes/No**

(Orthopedically handicapped)

(b) Percentage of Disability _____

(ii)Whether Ex-serviceman **Yes/No**

9. Community to which applicant belongs _____

(Write 01 for SC, 02 for OBC ,03 for General)

Affix attested
Recent passport
Size photo

Signature of the
Candidate

10. Essential educational Qualifications & other Training Course (Attach Annexure if Necessary)

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

11. Date of Completion of compulsory Rotating Internship _____

12. Date of Registration with MCI / SMC /DCI _____

13. Details of Employment in Chronological order (Attach Annexure if Necessary)

Name of the Organization (please Specify whether Central Govt./State Govt./Public Sector /Autonomous body/private sector)	Position (s) held and to whom reporting	Period of Service	Nature of Work done & reasons for Leaving	Scale of Pay	Basic pay

I hereby declare that all the statement 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 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 the candidate