



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



सत्यमेव जयते

विकिर्सा महाविद्यालय एवं अस्पताल,
एनएच3, एनआईटी, फरीदाबाद-121001(हरियाणा)
Medical College & Hospital,
NH 3, NIT, Faridabad-121001(Haryana)
Phone No-129-2970111 Email: dean-faridabad@esic.nic.in
Website: www.esic.nic.in

No. 134A/12/16/3/2020-Admin/

Date 12/07/2021

Walk-In-Interview for Engagement of Specialist for COVID-19 crisis management to be held on 15/07/2021, 22/07/2021, 29/07/2021 and 05/08/2021 (On Contract Basis)

Qualification: Post Graduate Degree (MD/MS/DNB) /ENT/Surgery/
Critical Care/Pulmonary Medicine.

Work Experience required for Specialist only:

Post MD/MS/DNB two years.
Post Diploma four years.

Number of Post:

* Duties for Specialist: 8 hrs per shift.

Note:

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

Web Manager Please Upload
the advertisement with compliment
on www.esic.nic.in


Dean

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ESIC Medical College & Hospital
NH-3, N.I.T. Faridabad-121001 (Hr.)


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➤ AGE LIMIT:

| Sr. No. | Post | Age Criterion |
|---------|--------------|------------------------|
| 1. | Specialists* | Not more than 55 years |

* Without any Co-morbidity.

➤ Pay & Emoluments:

| Sr. No. | Post | Honorarium per day/ per shift on pro rata basis. |
|---------|---------------------------|--|
| 1. | Specialist(Post Graduate) | 8000/- |

➤ 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 OFFICE, ESIC MEDICAL COLLEGE, NH-3, NIT, FARIDABAD on phone number 0129-2970111 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-faridabad@esic.nic.in.

➤ Selection Procedure:

- Candidate should report positively by 12:00 noon.
- 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: 12.07.2021



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**APPLICATION FORM FOR ENGAGEMENT OF
SPECIALIST/ SENIOR RESIDENT
ON
CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE, FARIDABAD**

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

Affix self-attested
recent passport size
photograph here
(photograph should
be firmly pasted on
this space and not
stapled)

2. Particulars of the draft:
Amount Rs. _____
Name of issuing bank branch _____
D.D. No. _____ dated _____

3. Name in full (in block letters) _____

4. Father's / Husband's Name _____

5. (a) Date of Birth (in figures) _____
(in words) _____

(b) Age as on date of walk in interview _____

6. (a) Religion _____

(b) Nationality _____

7. (a) Mailing address _____

8. (a) Email _____

(b) Mobile No. _____

9. Permanent Address _____

10. Sex (write 1 for Male, 2 for Female, 3 for Transgender)

11. (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

12. Community to which applicant belongs

(Write 1 for SC, 2 for ST, 3 for OBC and 4 for General)

13. **ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

(Attach annexure, if necessary).

| Name & Address of College | University | Duration | | Degree/ Examination | Subjects | Percentage of marks obtained |
|---------------------------|------------|----------|--|------------------------|----------|---------------------------------|
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Contd. ...

16 Training

| Institution | Period | Field of Training |
|-------------|--------|-------------------|
| | | |
| | | |

17. 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 _____