



कर्मचारी राज्य बीमा निगम  
श्रम एवं रोजगार मंत्रालय), भारत  
सरकार  
EMPLOYEES' STATE INSURANCE  
CORPORATION,  
(MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA)



सत्यमेव जयते

कर्मचारी राज्य बीमा निगम अस्पताल,  
बलरामप्रसाद  
अनुगुल, ओड़िशा-759128  
EMPLOYEES' STATE INSURANCE CORPORATION  
HOSPITAL, BALARAM PRASAD,  
ANGUL, ODISHA, PIN-759128

NO.443-Z-11/15/1/2021-Admn.

Date: 22.05.2023

### NOTICE OF INTERVIEW

**Applications are invited for Interview to the post of Part-time Specialists on contractual basis for the period of one (01) year or till filling up of vacancy on regular basis, whichever is earlier. The details are as follows:-**

Particulars	Part Time Specialist						
	11						
No. of Posts	11						
Speciality wise vacancy & Category	DEPARTMENT	UR	OBC	SC	ST	EWS	TOTAL
	Anaesthesia	1	0	0	0	0	1
	Dermatology and STD	0	0	1	0	0	1
	ENT	0	0	1	0	0	1
	EYE	0	1	0	0	0	1
	Medicine	1	0	0	0	0	1
	Orthopaedics	1	0	0	0	0	1
	Paediatrics	0	1	0	0	0	1
	Pathology	1	0	0	0	0	1
	Radiology	1	0	0	0	1	2
Surgery	0	1	0	0	0	1	
Pay	Rs. 60,000/- per month for 4 days in a Week and 4hrs. in a day.						
Educational Qualification	Post Graduate Degree or equivalent (after MBBS) from a recognized institution with minimum 3 years of experience / PG Diploma from a recognized institution with minimum 5 years of experience in respective speciality.						
Age Limit	Not exceeding 69 years as on the last date of application.						
Last date and time for submission of application	08.06.2023, 4:00 PM						
Date and time of Interview	13.06.2023, 2:00 PM						

#In case of any change in date and time of the interview, the same will be intimated to the candidates through e-mail/post.

For detailed information and application form, candidates may visit Recruitment section of ESIC website (<https://esic.gov.in> or <https://angulhospital.esic.gov.in>) or may obtain the same from this office, in person, free of cost.

*Prop. 22.05.2023*  
MEDICAL SUPERINTENDENT

चिकित्सा अधीक्षक/Medical Superintendent  
क.रा.बी.नि. अस्पताल, अनुगुल  
ESIC Hospital, Angul



## Instructions to candidates

### How to apply:-

Interested candidates may apply in the prescribed form (Annexure-A) by hand or by speed/regd. post along with copy of documents listed below. The candidate shall bring the following documents (in original) with them on the date of interview.


1. Two recent Passport size photographs.
2. Two sets of self-attested photocopies of the following documents:
  - a) Proof of Date of Birth.
  - b) SSC / 10<sup>th</sup> standard Certificate or equivalent.
  - c) Certificates in support of Educational qualifications.
  - d) Registration certificate with the concerned Medical Council / State Government Registration.
  - e) Caste/Category Certificate (If applicable)
  - f) Experience Certificate

### Terms & Conditions:-

1. The appointment will be on contractual basis and initially for a period of one year or till the joining of regular incumbent (whichever is earlier) in ESIC Hospital, Angul. However, the engagement can be extended beyond the period of one year if vacancy exists and if the performance is found satisfactory. The engagement can also be short closed before one year if the performance is not found satisfactory or if the vacancy ceases to exist.
2. The selected Specialist must have a professional indemnity policy which should cover the period of contract. The policy is meant to cover professional liability falling on them as a result of error and omissions committed by them while rendering professional services, the minimum sum assured per annum should be :-
  - I. Rupees 30 Lakhs for Anaesthesiologist
  - II. Rupees 20 Lakhs for General Surgery, Obs and Gynae.
  - III. Rupees 10 Lakhs for general Physicians (Medicine, ENT, Eye, Dermatologist and Paediatric), Radiology and Pathology.The copy of the insurance and premium received must be submitted at the time of signing of the agreement.
3. Consolidated remuneration:-
  - i) Part Time Specialist: Rs.60,000/- per month for 4 days in a Week and 4hrs. in a day.
  - ii) Additional duties as per requirement of the hospital:-



- a) Additional charges for emergency visit:- Rs.15000.00 (Fifteen Thousand)Only monthly as and when required.
- b) Additional remuneration beyond 16 Hours/week:- Rs.800/- per hour as per requirement of the hospital.
4. Day and timing of duty will be allotted at the time of signing of agreement.
  5. Vacancies are likely to be changed depending upon actual requirement at the time of interview. In the event of joining of regular specialists, the interview for the concerned vacancies may be cancelled.
  6. He/ She will not be entitled to any kind of leave or benefits.
  7. He/She will be available on call 24\*7 for those who are contracted for emergency duty.
  8. The Specialist shall be responsible for all cases undergoing treatment under his supervision in his discipline.
  9. No TA/DA will be paid to candidates for appearing in the interview.
  10. The Medical Superintendent reserves the right to fill up all or any of the vacancy / post.
  11. The Medical Superintendent reserves the right to alter the date or cancel the interview without assigning any reason thereof.
  12. The selected candidates shall have to join duty immediately or the date indicated in the offer of appointment.
  13. Part-time Specialists are not allowed of any private practice during the working hours of duty at ESIC Hospital, Angul.
  14. Hostel Accommodation / quarters will not be provided.
  15. The appointment shall not confer any right or preference for regular service in E.S.I. Corporation.
  16. The decision of the selection board will be final in all aspects of screening & selection and no further correspondence will be entertained under any circumstances.
  17. The payment of Remuneration shall be guided by instructions on the subject from ESIC Hqrs. Office from time to time.
  18. In case of selection, the selected candidate will sign a contract agreement on the Bond paper of Rs 100/-. The cost of Bond paper shall be borne by the candidate.
  19. The contract agreement can be terminated by either party by giving one month written notice to other party. The agreement can also be terminated by depositing/paying an amount equivalent to one month remuneration to other party.

 22.05.2013  
MEDICAL SUPERINTENDENT



**APPLICATION FORM FOR PART-TIME SPECIALIST**

1. Speciality / Department applied for: \_\_\_\_\_
2. Name (in Block letters) : \_\_\_\_\_
3. a) Father's / Husband's Name : \_\_\_\_\_  
b) Mother's Name: \_\_\_\_\_
4. a) Date of Birth : \_\_\_\_\_  
b) Age ( as on 08.06.2023): \_\_\_\_ years \_\_\_\_ months \_\_\_\_ days
5. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. E-mail : \_\_\_\_\_
8. Mobile No. : \_\_\_\_\_
9. Nationality: \_\_\_\_\_
10. Category (UR/OBC/SC/ST/EWS) \_\_\_\_\_
11. Whether married / Unmarried: \_\_\_\_\_
12. Mother Tongue : \_\_\_\_\_
13. Educational / Professional Qualification:

Affix recent  
passport size  
photograph

Sl.No.	Name of the Examination	Board/ University	Percentage of Marks	Year of Passing
1				
2				
3				
4				
5				

14. Medical Council /State Registration No. : \_\_\_\_\_
15. Name of the Medical Council : \_\_\_\_\_

16. Work Experience with certificate: (After Post Graduation)

Sl.No.	Post held	Institution	Period		Duration	
			From	To	Year	Month
1						
2						
3						
4						

17. Identification Mark: \_\_\_\_\_

18. Whether employed in Government/ PSU institution: Yes/No

(If yes, 'No Objection Certificate' from the Competent Authority must be produced during the Interview.)

19. Have you ever been dismissed or punished by the employer - Yes/No

Declaration: I do hereby declare and affirm that all the statements made 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 any 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. I am a citizen of India by birth / domicile.

Date : .....

Signature of the Candidate

Place : .....

Name:.....