



OFFICE OF THE STATE MEDICAL COMMISSIONER (KARNATAKA)
EMPLOYEES` STATE INSURANCE CORPORATION,
NO.10, BINNYPET, BINNY FIELDS, BANGALORE – 560 023
E-mail : SSMC-KAR@esic.nic.in Ph-26742642



No.SMC.KAR.A.12.27.1.2011(PT)

Dated: 4-5-2011

WALK-IN-INTERVIEW FOR APPOINTMENT OF PART TIME SPECIALISTS

I.Walk-in-Interview for appointment of Part Time Specialist on contract basis is called for to work in various ESI Hospitals in Karnataka for the following specialties:-

	Date of Interview & Venue	Department/ Post of:	No. of Vacant Post in ESI Hospitals
ESI Hospital Indiranagar	Date : 12-5-2011 Time : 10.00 A.M to 5.00 P.M <u>Venue</u> Conference Hall, Medical Superintendent ESI Hospital Indiranagar Bangalore Contact No. 080- 25266994	Endocrinologist	01
		Neuro Physician	01
		Physician	02
		Anaesthetist	06
		TOTAL	10

ESI Hospital Mangalore	Date : 14-5-2011 Time : 10.00 A.M to 5.00 P.M <u>Venue</u> Conference Hall, Medical Superintendent ESI Hospital, Kadri, Shivbagh, Mangalore-575002 Contact No.0824-2218740	Physician	02
		Gen. Surgery	02
		Gynecology	01
		Pediatrics	02
		Anaesthesia	02
		Orthopeadic	01
		ENT	01
		Pathology	01
		Radiology	01
		TOTAL	13

ESI Hospital Belgaum	Date : 19-5-2011 Time : 10.00 A.M to 5.00 P.M <u>Venue</u> Conference Hall, Medical Superintendent ESI Hospital, Ashoknagar, Shivajinagar, Belgaum Contact No. 0831- 2474369	Gen. Medicine	02
		TOTAL	02

ESI Hospital Hubli	Date : 20-5-2011 Time : 10.00 A.M to 5.00 P.M <u>Venue</u> Conference Hall, Medical Superintendent ESI Hospital, Karwar Road Hubli Contact No.0836- 2303219	Gen. Medicine	02
		Gen. Surgery	02
		Radiology	01
		Anesthesia	01
		Pathology	01
		Dermatology	01
		TOTAL	08
ESI Hospital Dandeli	Date : 20-5-2011 Time : 10.00 A.M to 5.00 P.M <u>DANDELI</u> <u>Venue</u> Conference Hall, Medical Superintendent ESI Hospital, Karwar Road, Hubli, Contact No.0836-2303219	Gen. Medicine	01
		Gen. Surgery	01
		Gynecology	01
		ENT	01
		TOTAL	04

ESI Hospital Mysore	Date : 23-5-2011 Time : 10.00 A.M to 5.00 P.M Venue Conference Hall, Medical Superintendent ESI Hospital, K.R.S. Road, Mysore-570020 Contact No. 0821- 2512473	Physician	03
		Gen. Surgery	02
		Gynecology	01
		Anesthesia	02
		Orthopeadic	01
		Radiology	02
		Pathologists	01
		Pediatrics	01
		Dermatology	01
		TOTAL	14

ESI Hospital Davangere	Date : 31-5-2011 Time : 11.00 A.M to 2.00 P.M Venue Conference Hall, Medical Superintendent ESI Hospital, Nittuvalli Exten. Davanagere Contact No.0892-259963	Gen. Surgery	01
		Radiology	01
		Total	02

Qualification required:

- i) A Recognised graduate MBBS Degree included in schedule Part of Medical Council of India
- ii) A Recognised Post Graduate Degree MD/Diploma in the required speciality.

II. EMOLUMENTS:

Rs.45,000/- per month for Diploma Holders

Rs.55,000/- per month for Master Degree Holders

All Specialists should work from 09-00 AM to 04-00 PM on rotational basis, night duties along with ESI Senior regular doctors

III. AGE LIMIT

Upper aged limit- 65 years for all categories (General Category, OBC Category-I, SC/ST, Physically Handicapped and Ex-service man)

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IV. OTHER TERMS AND CONDITIONS:-

1. The appointment is purely on temporary basis. Initially it is only for a period of eleven months. It may be extended from time to time as per requirements.
 2. The appointment shall not confer any right or preference for regular Appointment.
 3. In case regular candidates join, the appointment shall automatically stand terminated.
 4. No claim for any service benefit like PF, Pension, Gratuity, Medical Allowance, Seniority and Promotion, etc., from this contract appointment will be admissible.
 5. No TA/DA will be admissible for interview or joining.
 6. Mere possession of minimum educational qualification will not automatically confer the right for being called for interview. If the number of applications are very large, the Competent Authority has the right to shortlist candidates on the basis of higher qualification/ or number of years of experience in the subject.
 7. Candidate must be registered with Karnataka Medical Council, before joint the post if selected.
- V. The candidates should attend along with application duly filled in the prescribed format as per Annexure-I with all relevant documents in original (i.e. Certificate in support of age, educational qualifications, experience, medical Registration, KMC Registration, attempt certificate and mark sheets, together with the attested copies (by Gr-A Gazetted officer, in support of their candidature for the post).
- VI. The eligible candidates should present themselves for registration from 09-00 AM to 10-00 AM at the above mentioned venue for interview.

JURISDICTION OF ANY DISPUTE:

In case of any legal dispute the jurisdiction of the Court will be Bangalore only.

..Sd..

(Dr. B.R. KAVISHETTI)

STATE MEDICAL COMMISSIONER (KAR)

ESIC, BANGALORE

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ANNEXURE-I

O/O THE STATE MEDICAL COMMISSIONER (KARNATAKA)
EMPLOYEES` STATE INSURANCE CORPORATION,
NO.10, BINNYPET, BINNY FIELDS, BANGALORE – 560 023.
Email: ssmc-kar@esic.nic.in Phone: 080-26742642

APPLICATION FOR THE POST OF PART TIME SPECIALIST IN ESI HOSPITALS (KARNATAKA)

1. Name in full (Capital letters) :
2. Sex :
3. Date of Birth & Age :
4. Category :
5. Whether belong to SC/ST/OBC/PH :
(Community certificate in the prescribed Form for the Appointment to the post by Karnataka State Govt. to be enclosed)
6. Nationality :
7. Postal Address with Tele/Mobile No./e-mail ID :
8. Permanent Address :

Affix passport size photograph

9. Educational Qualifications – 10th onwards:

Name of Examination	Class/Division	Percentage	Year of Passing	Institute/College attended	University

10. Whether obtained any position in the University, if so, :
a copy of the certificate to be enclosed.
11. Prize awarded , if any (Copies of certificate To be enclosed) :
12. Extra Curricular activities, if any (Copies of certificate to: be enclosed)
13. Internship Completed on :
14. PG Degree/Diploma/completed on :
15. Medical Registration Number and place of Registration :

16. Experience/details of employment in Chronological order. :

Name of Employer/Institutions	Designation	Pay Scale	Nature of duties /speciality in which worked	Period of Stay	Last pay drawn	Reason for leaving

17. Whether worked as Senior Resident on Regular/Ad-hoc basis :

18. Experience (if any):-

(a) After MBBS :

(b) After PG :

19. Details of publications :

20. Conference attended :

21. Research publications and presentation :
In conferences, if any

22. Additional information if any, in Support :
Of your suitability for the post

23. List of enclosures:-

UNDERTAKING

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand that the department can take action against me in case the information furnished is found to be incorrect/false/suppressing any facts.

Signature of the Candidate

Endorsement of the Employer

Certified that Dr. _____ Holds a post in this Department/Institution/Organization

_____ have no objection to his/her application being considered for the post of Part Time Specialist _____

Date: Name & Signature

Place: (Authorized signatory with Designation with seal)