

Government of Maharashtra
OFFICE OF THE MEDICAL SUPERINTENDENT
MH-Employee State Insurance Society HospitalA
Mohannagar, Chinchwad Pune-19

PH No.020-27462514, Email-mschinchwad.esis@gmail.com

Walk in interview for appointment of Contractual Part Time Specialist (for 364 Year)
& Contractual Medical officer P.G.(for 364 days)

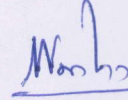
| Sr. No | Part Time Specialist | UR | SC | ST | NT | EWS | OBC | SBC | Total | Date and Time | Age as on date of Interview | Qualification | Emoluments |
|--------|--|----|----|----|---------|-----|-----|-----|-------|--------------------------------------|--|--|---|
| 1 | Physician (chest) | 1 | -- | -- | -- | -- | - | | 1 | 6-10-2023 11-00 am to 12-00 pm | Up to 69 years as on the date of interview | MBBS with P.G.Degree of equivalent from recognized university with post P.G.Experience of 3 years OR P.G.Diploma from recognized university having post P.G.experience of 5 years respectively in particular speciality. | Rs.60000/- per month for 4 hrs.Session per day for 4 days in a week. Additional Rs.15000/- per month on performing emergency call duties. |
| 2 | Gynaecologist | 1 | -- | -- | 1 | -- | - | | 2 | 6-10-2023 12-00 Pm to 01-00 Pm | | | |
| 3 | Pediatrician | 1 | 1 | -- | -- | -- | - | | 2 | 6-10-2023 01-00 Pm to 02-00 Pm | | | |
| 4 | Orthopedic Surgeon | 1 | -- | 1 | -- | -- | - | | 2 | 6-10-2023 02-00 Pm to 03-00 Pm | | | |
| 5 | Physician | 1 | -- | -- | -- | -- | - | | 1 | 6-10-2023 3-00 Pm to 4-00 Pm | | | |
| 6 | Ophthalmologist | -- | -- | -- | -- | -- | - | 1 | 1 | 6-10-2023 04-00 Pm to 05-00 Pm | | | |
| 7 | Post Graduate Medical Officer (Department-Medicine,Surgry , Anaesthesia) | -- | -- | -- | 1 (NTD) | -- | 2 | | 3 | 6-10-2023 11-00 am to 04-00 Pm | Up to 69 years as on the date of interview | MBBS with P.G. Degree of equivalent from recognized university OR P.G.Diploma from recognized university (Experience preferred , Freshers can apply.) | 85000/- per month month for 7 hours session per day i.e.9.00 Am to 4.00 Pm for 6 days in a week |

Note –

- 1) Reservation for various categories will be awarded as per GOM Rules.
- 2) As per instruction if the candidate of the respective category is not available, then post will be fill in by candidate of any other category in the merit list.
- 3) Candidate should also be in possession of the certificates in the prescribed format in the support of their claim. Candidate claiming reservation under OBC category should submit the latest Non-creamy layer certificate along with self declaration.
- 4) MH ESI Society may increase, decrease or cancle filling up of any or all the post without assigning any reasons.
- 5) The recruitments are purely on contractual basis and selected candidate will have no claim for regularization of the service in the hospital.
- 6) Selected candidate will have to sign Agreement of Term & /condition on Rs.100 stamp paper to be purchased by candidate prior to joining.
- 7) The selected candidate will be informing about the joining date on their registered address/E-mail
- 8) The duties of part Time Specialist /Medical officer will be decide/schedule by the

Medical Superintendent E.S.I.S.Hospital, Chinchwad Pune

- 9) No TA/DA will be admissible for walk in interview or joining the post.
- 10) The Candidate is expected to have basic computer knowledge.
- 11) Aspiring candidates should fill up the form attached along with advertisement before coming to walk in interview.
- 11) For Candidate – Document required (Originals and 2 set photocopy)
 - a) Matriculation Certificate and School leaving certificate for age proof
 - b) Proof of educational Qualification.
 - c) Registration Certificate (Enrolment on the central Register or Indian system of medicine or state Register of Indian system of medicine)
 - d) Caste certificate, Caste Validity certificate & Non creamy layer certificate for concerned category candidate.
 - e) Experience Certificate .
 - f) Passport size 2 photograph



Medical Superintendent
MH-ESI Society Hospital, Mohannagar
Chinchwad Pune-19

" Annexure A"

RECRUITMENT OF PART TIME SPECIALIST MH-ESI-SOCIETY HOSPITAL, MOHANNAGAR, CHINCHWAD PUNE
(To be filled by the Candidate only in capital Letters)

DEPARTMENT _____

Affix recent
passport size
coloured
photograph

1) NAME : _____

(FIRST NAME) (MIDDLE NAME) (LAST NAME)

2) DATE OF BIRTH: _____ CATEGORY : UR/OB C/SC/ST

3) HEIGHT : _____ FEET _____ INCHES

4) MARITAL STATUS :

5) IDENTIFICATION MARK : _____

6) ADDRESS :

_____ PIN CODE

7) REGION : _____ (CAST : _____)

8) CONTACT NO : _____ E-MAIL : _____

9) AADHAR NO : _____ PAN NO : _____

10) M.B.B.S. (YEAR OF PASSING) : _____

11) POST GRADUATION (DEGREE /DIPLOMA)

| SR | DESIGNATION | YEAR OF PASSING | UNIVERSITY / INSTITUTE |
|----|-------------|-----------------|------------------------|
| | | | |
| | | | |
| | | | |

12. MEDICAL COUNCIL REGISTRATION : _____

13. NAME OF MEDICAL COUNCIL : _____

14) EXPERIENCE :

| SR | DESIGNATION | FROM | TO | DURATION |
|----|-------------|------|----|----------|
| | | | | |
| | | | | |
| | | | | |

15) PRESENTLY WORKING AS (DESIGNATION) _____ NAME OF INSTITUTION _____

16) NOC CERTIFICATE FROM PRESENT EMPLOYER TAKEN : _____

17) I hereby declare that the information given above is true & correct to the best of my knowledge and belief in case of any information is found false /incorrect at the later stage of the recruitment/appointment, I shall be bound by the decision of MH-ESI-Society. The decision of the Selection panel will be binding on me & I shall abide by it.

Date : _____

Signature & Name of Candidate

Walk in interview
MH-ESI Society Hospital, Mohannagar, Chinchwad Pune

Certificates received from the candidate

Name of the Candidate :-

- | | |
|---|----------|
| A) Matriculation Certificate for age proof. | Yes / No |
| b) Proof of educational qualification. | Yes / No |
| c) MMC/MCI registration certificates. | Yes / No |
| d) Caste certificate, Caste Validity Certificate & Non creamy layer certificate for concerned category candidate | Yes / No |
| e) Experience Certificate. | Yes/ No |
| f) Passport size 2 Photograph. | Yes / No |
| g) Essential Certificate in case of change in name | Yes / No |

**APPLICATION FOR THE POST OF MEDICAL OFFICER
UNDER OFFICE OF MEDICAL SUPERINTENDENT, MAHARASHTRA EMPLOYEES
STATE INSURANCE, HOSPITAL, MOHANNAGAR, CHINCHWAD PUNE-19
PH.NO. 020-27462514, Email-mschinchwad.esis@gmail.com**

INTERVIEW FOR POST OF POST GRADUATE MEDICAL OFFICER ON CONTRACT BASIS

Recent
passport
size
coloured
photograph

1. Name in full (in block letters) :-
2. Fathers/Husband's Name :-
3. Date of Birth (DD/MM/YYYY) :-
4. Religion :-
5. Caste :-
6. Category :-
7. Email Address :-
8. Mobile No. :-
9. Residential Address :-
-
10. Permanent address :-
-
11. Sex :- Male/Female
12. Date of Registration in State medical council :-

13. Essential Educational and Professional Qualification (MBBS & PG Degree /Diploma)

| Name & address of college | University | Duration | | MBBS & PG Degree/Diploma Examination passing year | Subject | Percentage of Marks obtained |
|---------------------------|------------|----------|----|---|---------|------------------------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |

14. Presently working as (Designation) Name of Institution
15. NOC Certificate from present Employer Taken :-

Place :-

Date :-

Signature of Candidate

DOCUMENTS TO REQUIRED

- | | |
|---|--------|
| 1. Valid MCI/State medical council registration certificate | Yes/No |
| 2. Matriculation Certificate for Age proof | Yes/No |
| 3. Proof of Educational Qualification | Yes/No |
| 4. Cast Certificate/Cast Validity | Yes/No |
| 5. Experience Certificate (if available) | Yes/No |
| 6. Copy of Pan Card, Aadhar card Xerox | Yes/No |
| 7. Two Photographs | Yes/No |

All copies of above documents are to be self attested before submission.

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 shall be bound by the decision of MH-ESI Society. The decision of the selection panel will be binding on me & I shall abide by it.

Date _____

Signature & Name of Candidate

11. Sex: Male/Female

12. Date of Registration in State medical council :-

13. Essential Educational and Professional Qualification (MBBS & PG Degree/Diploma)

| Name & address of college | University | Duration | | MBBS & PG Degree/Diploma Examination passing year | Grade | Percentage of marks secured |
|---------------------------|------------|----------|----|---|-------|-----------------------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |

14. Presently working as (Designation) Name of institution

15. NOC Certificate from present Employer Taken

Place :-

Date :-

Signature of Candidate