



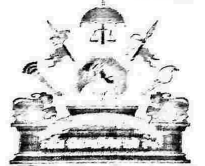
महाराष्ट्र शासन

Advertisement -18

OFFICE OF THE MEDICAL SUPERINTENDENT
MH-Employee State Insurance Society Hospital
Mohannagar, Chinchwad Pune-19

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

Walk in interview for appointment of Contractual Part Time Specialist & PGMO for 364 Days



Sr. No.	Department	U	SC	ST	NT (D)	EWS	OBC	SBC	Total	Date and Time	Age as on date of Interview	Qualification	Emoluments
1	Radiologist (Part Time Specialist)	-	1	-	-	-	-	-	1	10-09-2024 2 pm to 4 pm	Up to 69 years as on the date of interview	MBBS with P.G. Degree or 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 in particular speciality.	Rs.60000/-per month for 4 hrs. Session per day for 6 days in a week. Additional Rs.15000/- per month on performing emergency call duties.
2	Chest physician (Part Time Specialist)	1	-	-	-	-	-	-	1	10-09-2024 2 pm to 4 pm			
3	physician (Part Time Specialist)	1	-	1	-	-	-	-	2	10-09-2024 2 pm to 4 pm			
4	Anaesthetist (Part Time Specialist)	-	1	-	-	-	-	-	1	10-09-2024 2 pm to 4 pm			
5	Post-Graduate Medical Officer (Medicine Dept.)	-	1	-	-	-	-	-	1	10-09-2024 2 pm to 4 pm	Up to 69 years as on the date of interview	MBBS with P.G.Degree or equivalent from recognized university OR P.G.Diploma from recognized university (Experience preferred,Freshers can apply)	Rs.85000/- per month for 7 hours session per day i.e.9.00 am to 4.00 pm for 6 days in a week

Note :-

- Reservation for various categories will be awarded as per GOM Rules.
- 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.
- 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.
- MH ESI Society may increase, decrease or cancel filling up of any or all the post without assigning any reasons.
- The Recruitments are purely on contractual basis and selected candidate will have no claim for regularization of the service in the hospital.
- Selected candidate will have to sign Agreement of Terms & conditions on Rs.100 stamp paper to be purchased by candidate prior to joining.
- The Selected candidate will be informing about the joining date on their registered address/E-mail.
- The Duties of part Time Specialist /Senior Resident will be decided/scheduled by the Medical Superintendent E.S.I.S. Hospital, Chinchwad Pune
- 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.
- 12) Right of selection & Rejection of candidate will be solely dependent on selection committee.
- 13) Right of Termination of selected candidate on violation of rules during tenure of 364 days is reserved with MS.
- 14) Selected Candidate is bound to follow new rules if issued from time to time in future from CEO- MH ESIS, Mumbai.
- 15) 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.



Dr. Varsha M. Supe
Medical Superintendent
MH-ESI Society Hospital, Mohannagar
Chinchwad Pune.

"Annesure 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. Datge of Registration in State medical council :-

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

Name & address of colledge	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