



कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
**EMPLOYEES' STATE INSURANCE CORPORATION**  
(Ministry of Labour and Employment, Govt. of India)  
**MEDICAL COLLEGE & HOSPITAL**  
**NH-3, NIT, FARIDABAD (HARYANA)**

E-mail: [dean-faridabad@esic.nic.in](mailto:dean-faridabad@esic.nic.in)



**Reference : Advertisement No. 21 Publish in Newspaper 02.02.2020**

**Walk-In-Interview on 19.02.2020**

**For Empanelment / Part Time/ Full Time Super Specialists**  
**(On Contract Basis)**

Applications are invited for the post of Contractual **Empanelment / Part Time/ Full Time Super Specialists** at ESIC Medical College and Hospital, NH3, N.I.T. Faridabad, Haryana. The details of vacancies and reservation positions are as under:

**DETAILS OF VACANCIES**

**1. Empanelment / Part Time/ Full Time Super Specialists (One Year)**

Sl. No	Specialty	SC	ST	OBC	UR	EWS	TOTAL
1.	Cardiology	1	--	--	1	--	2
2.	Nephrology	--	--	--	1	--	1
3.	Paediatric Surgery	--	--	1	--	--	1
4.	Plastic Surgery	--	--	--	1	--	1
5.	Neurology	--	--	--	1	--	1
6.	Endocrinology	--	--	1	--	--	1
7.	Gastroenterology	--	--	--	1	--	1
8.	Hematology	--	--	--	--	1	1
9.	Oncology	--	--	1	--	--	1
	<b>Total</b>	<b>01</b>	<b>00</b>	<b>03</b>	<b>05</b>	<b>01</b>	<b>10</b>

\* **Duties for Part Time: 4 hrs/ per day & 4 days week.**

**2. Empanelment of Specialists/Super specialists in ESIC Medical College and Hospital NH-3 NIT Faridabad for a period of one year**

Sr.No.	Specialists/Super Specialists	Department
1	Specialists	Anaesthesia
2	Super Specialists	Intensive(Critical Care Medicine)/Emergency Medicine

**Note:**

1. Seats May increase or decrease at the time of interview.
2. The ESIC reserves the right to cancel the recruitment process at any stage at its discretion and such decision will be binding on all concerned.
3. Candidate Should report positively by 10:00 A.M on respective date at ESIC Medical College & Hospital, NH3, N.I.T., Faridabad, Haryana
4. Details are available on website: [www.esic.nic.in](http://www.esic.nic.in).
5. Candidates for Super Specialists recruitment/Empanelment may opt either for, and modalities of engagement. The Administration will consider the merits and demerits as per the need of the services and reserves the right to offer empanelment/Full Time/Part Time engagement accordingly in the following order of preference (i) Empanelment (ii) Part Time (iii) Full Time. For part time engagement and Empanelment reservation policies shall not be applicable. General Candidates can be considered against the post reserved for category mentioned for full time contractual appointment on 44 days basis. Alternately the option of part time engagement or empanelment is available with the candidate.

**Web Manager Please Upload  
the advertisement with compliment  
on [www.esic.nic.in](http://www.esic.nic.in)**

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**DEAN**

## Empanelment / Part Time/ Full Time (Super Specialists):

➤ EDUCATIONAL & OTHER QUALIFICATIONS

1	<u>Qualification and Experience:-</u>	<p><b>Specialists:</b> MBBS with PG(MD/DNB/ Diploma) in concerned specialty from recognized University with 3 years (degree) 5years (diploma) of post PG qualification experience and registered with MCI/State Medical Council.</p> <p><b>Super Specialists:</b> MBBS. /MD/MS/DNB, DM/ MCH and registered with MCI/ State Medical Council.</p>
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- AGE LIMIT: 1. Not exceeding 67 years(For Full Time & Part Time)  
2. Not exceeding 70 years (For Empanelment)

➤ Empanelment / Part Time/ Full Time Super Specialists (NON-TEACHING) Pay & Emoluments:

Sr. No.	Super Specialists	Pay & Emoluments
1.	Part Time	As per HQ letter No. V-13/12/13/2018-Med1 (Pt. Specialists) dated 24/04/2019 remuneration for part time Super Specialist is 82000 + 20000(for visiting charge in case of emergency call)
2.	Full Time	As per Hqrs Letter No. A-12/16/6/2018 (Contractual Exam) dated 23.1.2018 Consolidated Pay -177000/-
3.	Empanelment	Capitation fee will be in terms of % (percentage) of CGHS package: procedure rate(Details to be provided by the applicant in the acceptance of offer). * CGHS rate List Link - <a href="http://www.cghs.gov.in/cghs_rate_list">www.cghs.gov.in/cghs_rate_list</a>

➤ TERM OF CONTRACT :

- a) Selected candidates shall be appointed purely on contractual basis for a period of one year.
- b) The Contractual engagement may be terminated / discontinued on either side giving one month prior notice to this effect without assigning reason.
- c) Other terms and condition will be applicable as issued by competent authority from time to time.

➤ (i) Amount of Application fee:

Sl. No.	Category	Fee Amount
01	SC/ST/ ESIC Candidates/Female Candidates & Ex-servicemen & PH candidates	NIL
02	All other categories	225/-

(ii) MODE of PAYMENT:

A Demand Draft of Rs. 225/- (as applicable) in favor of 'ESI Fund Account No. I' Drawn on any scheduled bank payable at 'New Delhi' has to be submitted along with the Application Form.

**NOTE:-**

- a) Fee once paid will not be refunded under any circumstances.
- b) Only Demand Draft drawn on any Scheduled Bank will be accepted. Application Fee Paid by any other mode will not be accepted.
- c) The Demand Draft must be issued after the date of issue of this advertisement.

**F. The following testimonials should be attached with application form:**

- a) Two copy of recent self-attested passport size photograph.
- b) Self-attested copies of certificates and testimonials in support of proof of age (Date of Birth), Educational
  - a. Qualification, Experience and Research Papers, Publications etc.

**Note:-** Candidates may contact DEAN OFFICE, ESIC MEDICAL COLLEGE, NH-3, NIT, FARIDABAD on phone number 0129-4156471 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](mailto:dean-faridabad@esic.nic.in).

**G. Selection Procedure:**

- a) The selection will be made on the basis of performance of the candidate in interview before the selection Board.
- b) Result will be communicated through e-mail/sms and will be displayed on web-site.
- c) Selected candidates will have to join immediately after receipt of offer of Appointment.

**H. GENERAL CONDITIONS:-**

- a) Mere submission of application does not confer any right to the candidate to be interviewed.
- b) Application should be submitted in the prescribed format only. The applications found to be incomplete will be summarily rejected.
- c) Wrong declarations/submission of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage.
- d) Opportunity of interview given to candidates will be on provisional basis.
- e) **No Forms will be accepted after 10:00 am under any circumstances.**
- f) The interviews shall be conducted at DEAN OFFICE, ESIC MEDICAL COLLEGE, NH -3, NIT, FARIDABAD. However, ESIC reserves the right to change the centre, if needed.

**I. Application Process:-**

The candidates may ascertain their eligibility and "walk-in" for interview on the **appointed day One Hour before schedule time of interview at the venue.**

## ➤ Terms & Condition For Empanelment:

### Empanelment and Capitation Fee:

- The doctors will be empanelled on the basis of the eligibility criteria and capitation fees offered by the applicant.
- Capitation fee will be in terms of % (percentage) of CGHS package: procedure rate (Details to be provided by the applicant in the acceptance of offer).
- A list of empanelled doctors as L1, L2 and L3 (as per requirement) shall be prepared based on % of CGHS package/procedure rate in the increasing order.
- L1 empanelled doctor from the list shall be called for the professional services. However, if the first (L1) doctor on empanelment is not available then the next empanelled doctor on the panel may be called up based on the urgency of procedure.
- If the empanelled doctor does not provide the post operative care after the procedure, Competent Authority may call next empanelled doctor for the same and proportionate deduction shall be made from the first empanelled doctor who had performed the procedure.
- The Appointing Authority reserves the right to cancel the offer/ advertisement without assigning any reason thereof.
- The empanelled doctor shall sign the acceptance of offer letter.

### **General Terms and Conditions:-**

#### **Duties & Responsibilities of empanelled doctor**

- The empanelled doctor, whenever called for, will provide the professional services to the ESIC beneficiaries at ESIC Hospital as per terms and conditions based on offer of professional fees linked to CGHS package/ procedure.
- The empanelled doctor shall also provide post procedure care with minimum of two visits per day (one in morning and another in evening), till the patient is discharged.
- The empanelled doctor will be available round the clock for professional services.
- The doctor is required to complete the paper work/ case sheet as required by the ESIC Hospitals.
- The doctor may also advise/recommend to refer the entitled beneficiaries to tie-up/higher centre if the condition of the patient so requires.
- The doctor has to ensure that the record of all his indoor patients are updated, medicines and services are delivered to the patient.
- The doctor will be responsible for any deficiency /negligence in the delivery of professional services.

#### **Agreement & Applicability of laws**

- The both parties shall have the full power and authority to enter into this agreement and to perform the acts required of it.
- The Parties shall comply with all applicable Laws, Statutes, Ordinances, Orders, Rule and Regulations in operation in the country.

#### **Termination of empanelment**

- It is expected that the doctors will observe the highest standard of ethics during the execution of the empanelment.
- Following instances may result in termination of empanelment:
  1. Any collusion with doctors/staff

2. Malpractice
3. Misrepresentation
4. After joining of the regular Specialists/Super Specialists
5. Medical negligence in providing / delivering his medical services
6. Any other as decided by Medical Superintendent

The Appointing Authority may terminate the agreement of the empanelled Specialists/Super Specialists with or without assigning any reason whatsoever after giving a notice of 30 days to the doctor.

**Period of empanelment**

- Such empanelment is valid for one year from the date of signing of contract.
- It is extendable for one year with mutual consent of both the parties.

**HOW TO APPLY:-**

The eligible and desirous medical professionals, along with their application form filled properly in prescribed Performa "Annexure-A" and acceptance of offer "Annexure B" should appear for a walk-in interview on the appointed date and time at Office of Dean, ESIC Medical College and Hospital, NH3, NIT Faridabad. The application form is available on the website [www.esic.nic.in](http://www.esic.nic.in). They should bring two recent passport size photographs along with one set of attested photocopies and originals of testimonials in support of their date of birth, educational qualification, professional qualification, registration of medical council and experience.

**Dated: 04.02.2020**



DEAN

**ESIC Medical College & Hospital  
NH-3, N.I.T, Faridabad, Haryana**

**APPLICATION FORM FOR ENGAGEMENT OF SUPER SPECIALISTS ON  
FULL TIME/PART TIME 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

Contd. ...



14. DETAILS OF EMPLOYMENT (IN CHRONOLOGICAL ORDER)

(Attach annexure, if necessary).

Name of the Institution	Position(s) held	Period of service		Institution Type	Whether Experience is recognized by MCI
		From	to		

15. DETAILS OF RESEARCH PUBLICATIONS

(Attach annexure, if necessary).

Name of Journals/Research Papers (Indexed in Pub. MED)	Year of Publication	Title of Research Papers

Contd... 5/

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 \_\_\_\_\_

Application for the empanelment of Specialist/ Super Specialist  
 "On demand professional services for a period of one year"  
 at ESIC Medical College & Hospital  
 NH-3 NIT Faridabad-121001 (Haryana)

Services for which applying \_\_\_\_\_

1. Name (In Block letters) : \_\_\_\_\_
2. Father's/Husband's Name : \_\_\_\_\_
3. Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_
4. Correspondence Address : \_\_\_\_\_  
: \_\_\_\_\_
- E-Mail : \_\_\_\_\_
5. Telephone/Mobile Number: \_\_\_\_\_
6. Date of Birth : \_\_\_\_\_
7. Age as on date of interview: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days.
8. Educational/Professional Qualification:-

Recent  
pass-port size  
photo-  
graph duly self-  
attested

<u>DEGREE/DIPLOMA/P G DEGREE</u>	<u>YEAR OF PASSING</u>	<u>UNIVERSITY</u>	<u>NO. OF ATTEMPTS</u>	<u>REMARKS</u>
MBBS				
PG Diploma ( )				
PG Degree ( )				
DNB ( )				
ANY OTHER				

9. Work Experience

<u>Sr.No</u>	<u>Post Held</u>	<u>Institution</u>	<u>Period (Dates: from-to)</u>	<u>Period in months/year</u>
1				
2				
3				
4				

Contd.....2

10. Registration No. : \_\_\_\_\_

11. Have you ever been dismissed or punished: \_\_\_\_\_

**Declaration:** - I do hereby declare 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 some unlawful act, my candidature for the post is liable to be rejected/ canceled 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 citizen of India by birth/ domicile.

Date.....

Place.....

Signature of the Candidate.....

**Check list of enclosures.**

- |    |  |        |
|----|--|--------|
| 1) | Date of Birth Certificate  | Yes/No |
| 2) | U.G. & P.G Degree Certificates along with mark sheet & attempt certificate | Yes/No |
| 3) | Experience Certificate, if applicable                                      | Yes/No |
| 4) | MCI Registration Certificate   | Yes/No |
| 5) | Offer of Acceptance  | Yes/No |

ACCEPTANCE OF OFFER

I, Dr .....S/D/W of Shri .....  
Consultant .....Specialty/ Super Specialty agree to work as  
empanelled Specialist/ Super Specialist in ESIC Medical College & Hospital, NH3, NIT Faridabad  
and offer % (percentage) (in numbers) .....(in words).....of  
\*CGHS package/ procedural rate as my professional fees. I shall abide all the terms and conditions of  
the ESIC and deliver the best of the services in the interest of ESIC beneficiaries.

Signature

Date:

Name of doctor with address and contact No.

**\*Please refer the link: [http://medicalr.du.ac.in/form/CGHS\\_rateList.pdf](http://medicalr.du.ac.in/form/CGHS_rateList.pdf)**

**Candidate may also refer to the website of MoHFW for revised CGHS rates.**