



कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोज़गार मंत्रालय, भारत सरकार)  
EMPLOYEES' STATE INSURANCE CORPORATION  
(Ministry of Labour & Employment, Government of India)



चिकित्सा महाविद्यालय एवं अस्पताल,  
एनएच3, एनआईटी, फरीदाबाद-121001 (हरियाणा)  
Medical College & Hospital,  
NH 3, NIT, Faridabad-121001(Haryana)  
Phone No-129-2970111 Email: dean-faridabad@esic.nic.in  
Website: www.esic.nic.in

Walk-In-Interview on every Monday/Wednesday/Friday at 12 noon  
in the Conference Hall, Academic Block  
at ESIC Medical College & Hospital, Faridabad  
starting from 17.05.2021 for  
Engagement of Post Graduate Specialist & Senior Resident for  
COVID-19 crisis management up to 03 months  
(On Contract Basis)

**Specialist & Senior Resident (up to 03 months)**

**Qualification:** Post Graduate Degree (MD/MS/DNB) /Diploma in Medicine/Anaesthesia/  
Critical Care/Pulmonary Medicine/ Family Medicine/Emergency Medicine

**Work Experience required for Specialist only:** Post MD/MS/DNB three years.  
Post Diploma five years.

**Number of Post: 50**

**\* Duties for Specialist/Senior Resident: 6 hrs per shift.**

**Note:**

1. Interviews shall be conducted until vacancy exists.
2. Details are available on website: [www.esic.nic.in](http://www.esic.nic.in).
3. Interested Candidates may submit their bio-data on the **Email Id : dean-faridabad@esic.nic.in**

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

  
Dean

DEAN  
ESIC Medical College & Hospital  
NH-3, N.I.T, Faridabad-121001 (Hr.)

  
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➤ AGE LIMIT:

Sr. No.	Post	Age Criterion
1.	Specialists*	Not more than 55 years
2.	Senior Resident*	Not more than 45 years.

\* Without any Co-morbidity.

➤ Pay & Emoluments:

Sr. No.	Post	Honorarium per day/ per shift on pro rata basis.
1.	Specialist(Post Graduate)	8000/-
2.	Senior Resident(Post Graduate)	7000/-
3.	Fresh Diploma (up to 4 years of experience)	6000/-

➤ TERM OF CONTRACT :

- Selected candidates shall be appointed purely on contractual basis for a period up to **three months**.
- The Contractual engagement may be terminated / discontinued on either side giving seven days prior notice without assigning reason.
- Other terms and condition will be applicable as issued by competent authority from time to time.

➤ The following testimonials should be attached with application form:

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

**Note:-** Candidates may contact DEAN OFFICE, ESIC MEDICAL COLLEGE, NH-3, NIT, FARIDABAD on phone number 0129-2970111 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).

➤ Selection Procedure:

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

Dated: 15.05.2021



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

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**APPLICATION FORM FOR ENGAGEMENT OF  
SPECIALIST/ SENIOR RESIDENT  
ON  
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).

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

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 \_\_\_\_\_

