

# APPLICATION FOR THE POST OF MEDICAL OFFICER UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY, BIBVEWADI, PUNE-411037

Ph.No. 020-29993422,

Email- establishpune.amo@gmail.com

Advertise No. 02/2025

Date --.05.2025

# INTERVIEW FOR POST OF MEDICAL OFFICER

## **AMO Office Pune and Under Dispensaries**

### **Details of Posts as below**

# Medical officer Group A and Group B

Contractual posts in AMO office/MH-ESI Dispensary (newly started)	Posts to be filled	Open	SEBC	EWS	SC	ST	VJ (A)	NT (B)	NT (C)	NT (D)	SBC	ОВС
General	15	5			1	1	44			-	1	7
Women	7	2	# 1	-	-	1		-	•	-	-	4
Sports Person	1		and Hill					11. 2 <b>4</b>				1
Handicap		-	-	-	-			-	-		-	-
						, Vičti aželi		Rizelli II.				
Total	23	7		i i i Hilli	1	2	0	0	0	0	1	12

(Note- S-sport person, W-women, H-handicap)

\* If eligible candidates from respective categories are not available then other eligible candidates will be considered from the merit list.

\* This Office reserves the right to make changes to the above mentioned number of posts and reservation.

Qualification: M.B.B.S

Age: Should be less than 69 years as on 31.05.2025.

#### Selection Of Procedure:

Applications are to be submitted in the prescribed Proforma either by email / post or by hand. (establishpune.amo@gmail.com)

a) Selection will be made on basis of interview of candidate, which will be conducted by the duly constituted selection committee.

b) The final selection will be based purely on performance in personal interview

Pay allowances: Candidates appointed on contractual basis will be paid consolidated Pay as per Maharashtra Government GR dated 29/05/2020

## General Condition:

- a) Last date of submission of application for the above post is on 24.05.2025 till 05.00pm
- b) Interview will be conducted on 27 March, 2025, from 11.00 am to 4.00 pm at "OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, GROUND FLOOR, PANCHDEEP BHAVAN, Sr. No. 689/90, BIBVEWADI, PUNE-411037." Candidate should be present at interview with original certificates.
- c) No TA/DA will be admissible for interview or joining.

- 8
- d) This appointment will be only on temporary basis and no claim for permanent service, any services like PF, Pension, gratuity, medical allowances, Seniority, Promotion. Only casual leave will be permitted as per rule.
- e) In the above only Mulshi/ Kurkumbh/ Urulikanchan/ Alandi-Markal/ Talegaon MIDC/Khed-Shivapur/Pirangut Paud/ Sanaswadi service dispensary
  - i. (5 doctor dispensary) will be open in two shifts (from 08:00 a.m. to 08:00 p.m.)
- f) Other terms and conditions will be applicable as issued by Maharashtra government and competent authority from time to time.
- g) If candidate wishes to resign, candidate should give one month notice.
- h) Selected candidate will be required to deposit a Security Deposit Of
  - i. Rs 50,000/- in favour of Administrative Medical Officer, MH-ESIS, Pune at time of Joining which is refundable after completion of contract period and production of "No Dues Certificate", and candidate will submit Original M.B.B.S. Registration Certificate at the time of Joining.
- i) Security Deposit will not be refundable, if contractual medical officer resigns within three months.
- j) Selected candidate shall be appointed on purely contractual basis for the maximum period of 364 days.
- k) No private Practice is allowed during the tenure of service in MH-ESIS.
- Providing Police verification and medical fitness certificate will be responsibility of this candidate.
- m) The MH-ESIS reserves the right to cancel the recruitment process at any
  - i. stage at its discretion and such decision will be binding on all concerned.
- n) The contractual engagement may be terminated /discontinued without assigning any reason.
- o) Knowledge of Marathi Language and Handling of Computer is essential.
- p) M.M.C. Registration must.
- q) Rs.100 Bond should be submitted after joining (Declaring not working any other Hospital or Office – on prescribed format).
- r) If necessary selected medical officers will have to work on short term deputation in other dispensaries.
- s) Selected medical officers will have to arrange health camps and attend the health camps compulsory.



# APPLICATION FOR THE POST OF MEDICAL OFFICER UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, PUNE MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY

Ph.No. 020-29993422,

Email- establishpune.amo@gmail.com

<u>IN'</u>	TERVIEW I	FOR PC	ST OF	MEDICAL OF	FICER _	
1. Name in full (in b	lock letters):	********		BERBRERSSER		
2. Fathers/Husband'	s Name:			********		
3. Date of Birth (DD)	MM/YYYY)	:	as have made soon state had have soon been			
4. Religion:						
5. Caste:					delen i dele <del>le.</del> Sakifi di la la	
7. Mailing address:	(1)					•••••
8. (a) E-Mail id :			* • • • • • • • • •			
(b) Mobile No.:.						ara " a se se sece
9. Residential addres	SS:	·••••••••				
10. Permanent addre	ess:					
	* # # # # # # # # # # #			• • • • • • • • • • • • • • • • • • • •		
11. Sex: Male / Fen	nale					
12. Date of Registra	tion in State	medical	council	•		
13. Essential Educa						
Name & address of college	University	From	ation To	Degree/ Examination Passing year	Subject	Percentage of Marks obtained
				3		

## 14. Preferred Location:

	Sr. No.	Place
5. Say. Carrier 1.	1	
	2	
	3	

## **DOCUMENTS TO REQUIRED:**

- 15. Valid MCI / State medical council registration certificate
- 16.Matriculation Certificate for Age Proof
- 17.Proof of Educational Qualification
  (Passing, Internship Completion and Degree Certificate)
- 18. Copy of Caste Certificate
- 29. Copy of Caste Validity
- 30.Experience Certificate (if available)
- 31. Copy of Pan card,
- 32. Copy of Aadhar card,
- 33.Two Photographs

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.

Place:

Signature of Candidate