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કામદારસહકારવિભાગનિયમ
(શ્રમસહકારવિભાગ, ભારતસરકાર)
कर्मचारीराज्यविमानिगम
(श्रमसहयोगविभाग, भारतसरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



सत्यमेव जयते

આદર્શ હોસ્પિટલ બાપુનગર, હરદાસનગર પોલીસ ચોકી પાસે, બાપુનગર, અમદાવાદ,
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આદર્શ હોસ્પિટલ બાપુનગર, હરદાસનગર પોલીસ ચોકી પાસે, બાપુનગર, અમદાવાદ,
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37/ESIC/MHB/ADMN/ESTT/SR/2008 /PT-VII

Date: 12.09.2024

Short Notice of Advt No: 02/2024

Please refer to the advt no. 02/2024 dated 04.06.2024 of ESIC Model Hospital Bapunagar, Ahmedabad. In this regards the vacancies details for Walk in Interview to be held on **20.09.2024** are as below-

S. No	Description	Senior Residents (Under residency Scheme for 03 year)							
1	Number of Post	Total-06 (Six)							
2	Department wise break-up of vacant post	Department	Vacancies	UR	EWS	OBC	SC	ST	Date of Interview
		General Medicine	01	00	00	01	00	00	20.09.2024
		Pathology	01	00	00	01	00	00	
		Radiology	01	01	00	00	00	00	
		Neonatology	01	00	00	00	00	01	
		Ophthalmology	01	01	00	00	00	00	
		Casualty	01	00	00	01	00	00	
		Total	06	02	00	03	00	01	

S. No.	Description	Senior Residents for 03 Years (against GDMO) or till the regular GDMO join, whichever is earlier, on contract basis:							
1	Number of Post	Total- 02 (Two)							
2	Department wise break-up of vacant post	Department	Vacancies	UR	EWS	OBC	SC	ST	Date of Interview
		General Medicine	01	01	00	00	00	00	20.09.2024
		Anaesthesia	01	00	01	00	00	00	
		Total	02	01	01	00	00	00	

S. No.	Description	Full/Part Time Contractual Specialist for one year with annual evaluation and contract renewed every based on satisfactory performance up to 03 years or till regular specialists join							
1	Number of Post	Total- 03 (Three)							
2	Department wise break-up of vacant post	Department	Vacancies	UR	EWS	OBC	SC	ST	Date of Interview
		Radiology (FTS)	01	00	00	01	00	00	20.09.2024
		Obs & Gynae (FTS)	01	00	00	01	00	00	

	Orthopaedics (FTS)	01	00	01	00	00	00
	Total	03	00	01	02	00	00

Interested candidates may visit on the website- (esic.gov.in/recruitments & bapunagarhospital.esic.gov.in/recruitments) under tab 'Recruitment' for detailed terms & conditions.

Signed by

Liladhar Ramdas Vandikar

Date: 12-09-2024 12:26:50

Medical Superintendent (I/c)

APPLICATION FORM

Paste your Recent
Passport size
Photograph

Post Applied for	
Speciality/Department	

Senior Resident under the Residency Scheme for 03 Years extendable every year up to 03 years on the basis of satisfactory performance and Senior Resident against GDMOs on contract basis for 03 Years or till Regular GDMOs join, whichever is earlier, Full/Part Time Contractual Specialist for one year with annual evaluation and contract renewed every based on satisfactory performance up to 03 years or till regular specialists join, whichever is earlier:

S. NO	PARTICULARS	DETAILS FILLED BY CANDIDATE			
		YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS (if any)
1	Name of Candidate (Block Letter)				
2	Father's/Husband Name				
3	Date of Birth				
4	Age as on date of Interview				
5	Are you citizen of India by Birth and or Domicile				
6	Permanent Address				
7	Present Address				
8	Contact Number				
9	Email ID				
10	Gender				
11	Category				
12	Identification Mark				
13	Marital Status				
14	MCI Registration No				
15	DEGREE/DIPLOMA /PG DEGREE	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS (if any)
	MBBS				
	PG DIPLOMA ()				
	PG DEGREE ()				
	DNB ()				
	ANY OTHER				

16 Experience (if any) Govt Hospital/Institution							
S. No	Post	Name of Hospital	From	To	Total Period (in Year/month)	Attached Certificate (Yes/No)	Remarks

17. Registration No. _____ :

18. 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 / incorrect/incomplete or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled 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: _____

Signature of the candidate: _____

Place: _____

Name: _____

Check list of enclosures attached:

- | | |
|---|--------|
| 1. Date of Birth Certificate/10 th passing Certificate | Yes/No |
| 2. Degree Certificate along with attempt Certificate (MBBS) | Yes/No |
| 3. Diploma/PG Certificate along with attempt Certificate, If applicable | Yes/No |
| 4. Experience Certificate, if applicable | Yes/No |
| 5. MCI Registration Certificate | Yes/No |
| 6. Caste (SC/ST/OBC/PH) Certificate, if applicable | Yes/No |
| 7. Bank Draft – Rs 300/- only for Male UR/OBC/EWS | Yes/No |
| 8. Any other information. | |