



कर्मचारी राज्य बीमा निगम आदर्श अस्पताल  
EMPLOYEES' STATE INSURANCE CORPORATION MODEL HOSPITAL  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
(MINISTRY OF LABOUR AND EMPLOYMENT, GOVT. OF INDIA)  
भारत नगर, लुधियाना - 141001 / BHARAT NAGAR, LUDHIANA- 141001  
आई एस ओ 9001:2015 प्रमाणित / ISO 9001:2015 QMS CERTIFIED  
E-mail: [ms-ludhiana@esic.nic.in](mailto:ms-ludhiana@esic.nic.in); Website: <http://www.esichospitals.gov>  
☎- 0161-2772435



चिकित्सा प्रशासन शाखा  
Med. Admin Branch

No. 122-A-12/13/3/04-MHL

Dated: 30.10.2020

**WALK-IN-INTERVIEW ON DATED 09.11.2020 FOR RECRUITMENT TO THE POST OF:**

**1. Senior Residents under Residency Scheme for three years subject to renewal/ extension every year for ESIC Model Hospital, Ludhiana:-**

**Note:-** One post is reserved for Person with Disability as per Centre Govt. Rules & remaining are for all eligible candidates.

Sr. No.	Department	UR	SC	OBC	ST	Vacancy	Categories of disable, suitable for job (for PH only)
1	Anaesthesia	-	-	1	1	2	OL
2	Gen. Medicine	-	-	1	-	1	OL
3	Gen. Surgery	1	-	2	1	4	ND
4	ICU	-	-	1	-	1	-
5	Obs. & Gynae	2	1	2	1	6	ND
6	Orthopaedics	-	-	1	1	2	ND
7	Paediatrics	1	1	1	-	3	OL
8	Pathology	-	-	1	-	1	OL,OA
9	Pulm. Medicine	1	-	-	-	1	OL
10	Radiology	1	-	-	-	1	OL

(OL – One leg affected, OA – One Arm affected but coordinated movement both hands should be adequate, ND – Not identified suitable for PH.)

**Note:** If no eligible candidates are available against the respective categories mentioned as above, then any candidate may be considered for walk-in-interview irrespective of category, for engaging Senior Residents for 39 days extendable by another 39 days subject to fulfillment of Essential Qualifications and other conditions.

**2. Senior Resident on contract basis\* against IMO for ESIC Model Hospital, Ludhiana:**

**Note:-** One post is reserved for Person with Disability as per Centre Govt. Rules & remaining are for all eligible candidates.

Sr. No.	Department	UR	SC	OBC	ST	Vacancy	Categories of disable, suitable for job (for PH only)
1	Anaesthesia	-	-	1	-	1	OL
2	Casualty**	1	1	1	-	3	OL
3	Gen. Surgery	1	-	-	-	1	ND
4	ICU	2	-	1	1	4	-
5	Orthopaedics	1	-	1	-	2	ND
6	Paediatrics	-	-	1	-	1	OL

(OL – One leg affected, OA – One Arm affected but coordinated movement both hands should be adequate, ND – Not identified suitable for PH.)

**Note:** If no eligible candidates are available against the respective categories mentioned as above, then any candidate may be considered for walk-in-interview irrespective of category, for engaging Senior Residents for 39 days extendable by another 39 days subject to fulfillment of Essential Qualifications and other conditions.

**\*\* For Senior Resident (Casualty), Post Graduate Degree in General Medicine will also be considered.**



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### 3. Full Time /Part Time Specialists on contract basis\* for ESIC Model Hospital, Ludhiana:-

**Note:**-- One post is reserved for Person with Disability as per Centre Govt. Rules & remaining are for all eligible candidates.

Sr. No.	Department	UR	SC	OBC	ST	Vacancy	Categories of disable, suitable for job (for PH only)
1	Anaesthesia	-	-	1	-	1	OL
2	Dermatology & STD	-	-	1	-	1	OL
3	Microbiology	-	1	-	-	1	OL, OA
4	Orthopaedics	-	-	1	-	1	ND
5	Pathology	-	-	1	-	1	OL, OA
6	Radiology	-	-	1	-	1	OL

(OL – One leg affected, OA – One Arm affected but coordinated movement both hands should be adequate, ND – Not identified suitable for PH.)

**\*For 1 Year or till the regular incumbent joins whichever is earlier.**

**Note:-** Reservation as per Central Govt. rules.

#### Essential Qualifications:-

	Full Time / Part time Specialist	Senior Resident Under Residency Scheme	Senior Resident on Contract Basis for 1 Year
Qualification as on date of interview	PG Degree/ Diploma with 3 years /5 years work experience in concerned specialty. Candidate must be registered with Medical Council of India or State Medical Council*.	P.G. Degree or P.G. Diploma in concerned Specialty from recognized university, registered with Medical Council of India or State Medical Council***. <b><i>If such PG qualified candidates are not available, candidates without PG Qualification having at least 2 years experience in the same discipline they propose to engage, after MBBS (experience post registration with Medical Council India or State Medical Council) will be considered.</i></b>  <b>Note: -</b> 1. Candidates who have already completed 03 years Senior Residency need not apply under Senior Residency Scheme. 2. <b><i>Preference will be given to PG qualified candidates and selection of Non-PG Candidate is resorted to only when PG qualified candidate is not available.</i></b> 3. For Senior Resident (Radiology) candidates with only PG Degree/ Diploma will be considered.	P.G. Degree or P.G. Diploma in concerned Specialty from recognized university, registered with Medical Council of India or State Medical Council.  <b>Note: -</b> For Senior Resident (Casualty), P.G Degree in General Medicine will also be considered.



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	Full Time / Part time Specialist	Senior Resident Under Residency Scheme	Senior Resident on Contract Basis for 1 Year
<b>Age as on the date of interview</b>	Age not exceeding 45 years for Full Time Specialist and not exceeding 64 for Part Time Specialists as on date of interview. Relaxation as per rule.	Age Not exceeding 37 years. Relaxation as per rule.	Age Not exceeding 37 years. Relaxation as per rule.
<b>Emoluments</b>	Pay and Allowances as per rules and ESIC Headquarters office orders from time to time.		
<b>*** Candidates must be registered with Punjab Medical Council</b>			

**How to Apply:** - The eligible and desirous candidates fulfilling the educational qualifications/eligibility conditions should appear for Walk-in-interview with their application along with original certificates and one set of attested photocopy of the relevant documents in support of age, qualifications, Attempt, Marks Sheet, Degree, MCI/ State Registration, SC/ST/OBC/PH Certificate & Experience certificate etc. and two recent passport size photographs. Applicants are advised to report to the office of Medical Superintendent, ESIC Model Hospital, Bharat Nagar, Ludhiana on **09.11.2020** accordingly for interview as mentioned above up-to **09:00 AM** and candidates who will report after prescribed time are liable for rejection. **No TA/DA will be paid to the candidates for appearing in the interview.** The candidate who is currently in the employment must bring experience certificate (working certificate) failing which his/ her candidature liable to rejection. Application form can be downloaded and result can be seen on website: [www.esichospitals.gov.in](http://www.esichospitals.gov.in)

**Note:**

- Number of above vacancies may increase/decrease.
- All candidates must fulfill the essential qualifications as on date of interview.
- The Appointing Authority reserves the rights to change the date of interview and/or cancel the offer/advertisement without assigning any reason thereof.
- Medical Superintendent, ESIC MH Ludhiana reserves the right to fill any or no posts or cancel the interview at any time.

-sd-  
MEDICAL SUPERINTENDENT

**To**

1. The Director (System), ESIC Hqrs. office, New Delhi to up-load the on the website of Hqrs. office.
2. DD (IT)/ Dealing Assistant to up-load on the website of this hospital today.

**APPLICATION FOR THE POST OF SENIOR RESIDENT UNDER RESIDENCY SCHEME FOR SPECIALITY \_\_\_\_\_**

Paste Recent  
Passport Size  
Photograph  
(Do not Staple)

01. Name in full (in Block Letters): \_\_\_\_\_

02. Father's/Husband's Name: \_\_\_\_\_

03. Date of Birth (In Christian Era: (In figures) \_\_\_\_\_

(In words: \_\_\_\_\_ )

(a) Age as on date of Interview: \_\_\_\_\_

04. Are you a citizen of India by birth and / or domicile: \_\_\_\_\_

05. Permanent address (In Block letters): \_\_\_\_\_

\_\_\_\_\_ PIN CODE: \_\_\_\_\_

06. Mailing Address: \_\_\_\_\_

\_\_\_\_\_ PIN CODE: \_\_\_\_\_

07. Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

08. Category you belong to:

Code of Category (UR-01, SC-02, OBC-03, ST-4)

09. Educational Qualification:

Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts
1	MBBS (% age all professions)			
2	PG Degree			
3	PG Diploma			
4	Other _____			

10. Experience / particulars of previous and present employment:

Sr. No.	Name and Full Address of the Employer	Designation	Period of employment		Total Experience
			From	To	

11. List of Enclosures (Tick mark the documents enclosed)

- |                                |                          |                                  |                          |
|--------------------------------|--------------------------|----------------------------------|--------------------------|
| 1. 10 <sup>th</sup> Mark sheet | <input type="checkbox"/> | 6. PG Mark sheet                 | <input type="checkbox"/> |
| 2. MBBS Proff (All)            | <input type="checkbox"/> | 7. PG Diploma/Degree Certificate | <input type="checkbox"/> |
| 3. Internship Certificate      | <input type="checkbox"/> | 8. PMC Additional Qualification  | <input type="checkbox"/> |
| 4. MBBS Degree                 | <input type="checkbox"/> | 9. Experience Certificate        | <input type="checkbox"/> |
| 5. PMC Registration            | <input type="checkbox"/> | 10. Others _____                 | <input type="checkbox"/> |

*Declaration: I Dr. \_\_\_\_\_ hereby declares that the information furnished as above in the application is 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 is liable to outright cancellation/termination without notice or any compensation in lieu thereof.*

Date:

Signature the candidate:

Place:

Name: \_\_\_\_\_

**APPLICATION FOR THE POST OF SPECIALIST (PART TIME/FULL TIME) ON CONTRACT BASIS FOR SPECIALITY \_\_\_\_\_**

Paste Recent  
Passport Size  
Photograph  
(Do not Staple)

12. Name in full (in Block Letters): \_\_\_\_\_
13. Father's/Husband's Name: \_\_\_\_\_
14. Date of Birth (In Christian Era: (In figures) \_\_\_\_\_  
(In words: \_\_\_\_\_ )  
(a) Age as on date of Interview: \_\_\_\_\_
15. Are you a citizen of India by birth and / or domicile: \_\_\_\_\_
16. Permanent address (In Block letters): \_\_\_\_\_  
\_\_\_\_\_ PIN CODE: \_\_\_\_\_
17. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ PIN CODE: \_\_\_\_\_
18. Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

19. Category you belong to:  Code of Category (UR-01, SC-02, OBC-03, ST-4)

20. Educational Qualification:

Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts
1	MBBS (% age all professions)			
2	PG Degree			
3	PG Diploma			
4	Other _____			

21. Experience / particulars of previous and present employment:

Sr. No.	Name and Full Address of the Employer	Designation	Period of employment		Total Experience
			From	To	

22. List of Enclosures (Tick mark the documents enclosed)

- |                                |                          |                                  |                          |
|--------------------------------|--------------------------|----------------------------------|--------------------------|
| 1. 10 <sup>th</sup> Mark sheet | <input type="checkbox"/> | 6. PG Mark sheet                 | <input type="checkbox"/> |
| 2. MBBS Proff (All)            | <input type="checkbox"/> | 7. PG Diploma/Degree Certificate | <input type="checkbox"/> |
| 3. Internship Certificate      | <input type="checkbox"/> | 8. PMC Additional Qualification  | <input type="checkbox"/> |
| 4. MBBS Degree                 | <input type="checkbox"/> | 9. Experience Certificate        | <input type="checkbox"/> |
| 5. PMC Registration            | <input type="checkbox"/> | 10. Others _____                 | <input type="checkbox"/> |

*Declaration: I Dr. \_\_\_\_\_ hereby declares that the information furnished as above in the application is 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 is liable to outright cancellation/termination without notice or any compensation in lieu thereof.*

Date: \_\_\_\_\_ Signature the candidate: \_\_\_\_\_  
Place: \_\_\_\_\_ Name: \_\_\_\_\_

**APPLICATION FOR THE POST OF SENIOR RESIDENT ON CONTRACT BASIS FOR 39 DAYS FOR SPECIALITY \_\_\_\_\_**

Paste Recent  
Passport Size  
Photograph  
(Do not Staple)

23. Name in full (in Block Letters): \_\_\_\_\_

24. Father's/Husband's Name: \_\_\_\_\_

25. Date of Birth (In Christian Era: (In figures) \_\_\_\_\_

(In words: \_\_\_\_\_ )

(a) Age as on date of Interview: \_\_\_\_\_

26. Are you a citizen of India by birth and / or domicile: \_\_\_\_\_

27. Permanent address (In Block letters): \_\_\_\_\_

\_\_\_\_\_ PIN CODE: \_\_\_\_\_

28. Mailing Address: \_\_\_\_\_

\_\_\_\_\_ PIN CODE: \_\_\_\_\_

29. Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

30. Category you belong to:

Code of Category (UR-01, SC-02, OBC-03, ST-4)

31. Educational Qualification:

Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts
1	MBBS (% age all professions)			
2	PG Degree			
3	PG Diploma			
4	Other _____			

32. Experience / particulars of previous and present employment:

Sr. No.	Name and Full Address of the Employer	Designation	Period of employment		Total Experience
			From	To	

33. List of Enclosures (Tick mark the documents enclosed)

- |                                |                          |                                  |                          |
|--------------------------------|--------------------------|----------------------------------|--------------------------|
| 1. 10 <sup>th</sup> Mark sheet | <input type="checkbox"/> | 6. PG Mark sheet                 | <input type="checkbox"/> |
| 2. MBBS Proff (All)            | <input type="checkbox"/> | 7. PG Diploma/Degree Certificate | <input type="checkbox"/> |
| 3. Internship Certificate      | <input type="checkbox"/> | 8. PMC Additional Qualification  | <input type="checkbox"/> |
| 4. MBBS Degree                 | <input type="checkbox"/> | 9. Experience Certificate        | <input type="checkbox"/> |
| 5. PMC Registration            | <input type="checkbox"/> | 10. Others _____                 | <input type="checkbox"/> |

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Date:

Signature the candidate:

Place:

Name: \_\_\_\_\_

**APPLICATION FOR THE POST OF SENIOR RESIDENT ON CONTRACT BASIS FOR 1 YEAR FOR SPECIALITY \_\_\_\_\_**

Paste Recent  
Passport Size  
Photograph  
(Do not Staple)

34. Name in full (in Block Letters): \_\_\_\_\_
35. Father's/Husband's Name: \_\_\_\_\_
36. Date of Birth (In Christian Era: (In figures) \_\_\_\_\_  
(In words: \_\_\_\_\_ )  
(a) Age as on date of Interview: \_\_\_\_\_
37. Are you a citizen of India by birth and / or domicile: \_\_\_\_\_
38. Permanent address (In Block letters): \_\_\_\_\_  
\_\_\_\_\_ PIN CODE: \_\_\_\_\_
39. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ PIN CODE: \_\_\_\_\_
40. Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

41. Category you belong to:  **Code of Category (UR-01, SC-02, OBC-03, ST-4)**

42. Educational Qualification:

Sr. No.	Qualification	University/Board	% age of Marks obtained	No. of attempts
1	MBBS (% age all professions)			
2	PG Degree			
3	PG Diploma			
4	Other _____			

43. Experience / particulars of previous and present employment:

Sr. No.	Name and Full Address of the Employer	Designation	Period of employment		Total Experience
			From	To	

44. List of Enclosures (Tick mark the documents enclosed)

- |                                |                          |                                  |                          |
|--------------------------------|--------------------------|----------------------------------|--------------------------|
| 1. 10 <sup>th</sup> Mark sheet | <input type="checkbox"/> | 6. PG Mark sheet                 | <input type="checkbox"/> |
| 2. MBBS Proff (All)            | <input type="checkbox"/> | 7. PG Diploma/Degree Certificate | <input type="checkbox"/> |
| 3. Internship Certificate      | <input type="checkbox"/> | 8. PMC Additional Qualification  | <input type="checkbox"/> |
| 4. MBBS Degree                 | <input type="checkbox"/> | 9. Experience Certificate        | <input type="checkbox"/> |
| 5. PMC Registration            | <input type="checkbox"/> | 10. Others _____                 | <input type="checkbox"/> |

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Date:  
Place:

Signature the candidate:  
Name: \_\_\_\_\_