

# APPLICATION FOR THE POST OF SPECIALIST, PGMO & UGMO

UNDER OFFICE OF MEDICAL SUPERINTENDENT

MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY HOSPITAL SOLAPUR

Ph.No. 0217-2601747, Email- solapur.esis@gmail.com

## WALK IN INTERVIEW FOR POST OF SPECIALIST, PGMO & UGMO on Contractual Basis

Details of Posts as below

Name of Office	Posts
ESIS Hospital Solapur	12

Ref :- Dated 17/09/2021 of CEO, MH-ESIS Society Mumbai Reg. 9 to 4 OPD hours and IPD

### Part Time/Full Time Specialist (For 9 am to 4 pm OPD and IPD )

Name of Office	Posts to be filled	PT/FT Contractual Specialists	Date & Time	Qualification	Open	EWS	SC	ST	VJNT (A)	NT(B)	NT(C)	NT(D)	SBC	OBC
ESIS Hospital Solapur	Physician	1	08/05/2023 10 am to 11 am	MD Medicine/DNB	-	-	-	-	-	-	-	-	-	1
	General Surgeon	1	08/05/2023 11 am to 12 pm	MS Gen.Surgery	-	1	-	-	-	-	-	-	-	-
	Paediatrician	1	08/05/2023 12 am to 01 pm	MD Paediatric/DCH/ DNB	1	-	-	-	-	-	-	-	-	-

### PGMO For OPD, IPD and Casualty Work

Name of Office	Posts to be filled	PGMO	Date & Time	Qualification	Open	EWS	SC	ST	VJNT (A)	NT(B)	NT(C)	NT(D)	SBC	OBC
ESIS Hospital Solapur	Physician	1	08-05-2023 10 am to 11 am	MD Medicine/DNB	-	-	1	-	-	-	-	-	-	-
	General Surgeon	1	08/05/2023 11 am to 12 pm	MS Gen.Surgery	1	-	-	-	-	-	-	-	-	-
	Paediatrician	1	08/05/2023 12 pm to 01 pm	MD Paediatric/DCH/ DNB	-	-	-	-	-	-	-	-	-	1
	Orthopaedic	1	08/05/2023 02.30 pm to 3.30 pm	MS Orthopaedic	-	-	-	1	-	-	-	-	-	-

### UGMO For OPD, IPD and Casualty Work

Name of Office	Posts to be filled	UGMO	Date & Time	Qualification	Open	EWS	SC	ST	VJNT (A)	NT(B)	NT(C)	NT(D)	SBC	OBC
ESIS Hospital Solapur	Medical officers	5	08/05/2023 03.30 pm to 4.30 pm	M.B.B.S /PG	2	1	1	-	1	-	-	-	-	-

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

**Qualification :**

M.B.B.S with PG Degree from recognized university  
Junior Specialist Grade II (3 Yrs. Experience Post PG)  
Senior Specialist Grade – II (5 Yrs. Experience Post PG)

**Age:-**

Part Time Specialists	Should be less than 67 yrs as on Dt. 08/05/2023
Full Time Specialists	Should be less than 67 yrs as on Dt. 08/05/2023
PG MO	Should be less than 37 yrs as on Dt. 08/05/2023 relaxable for 5 yrs for SC/ST candidates
UGMO	Should be less than 37 yrs as on Dt. 08/05/2023 relaxable for 5 yrs for SC/ST candidates

**Duty Timing :-**

Part Time Specialists	5days/week & 24 hrs opting for emergency charges
Full Time Specialists	24 hrs
PGMO	24 hrs
UGMO	24 hrs

**Leave:-**

Part Time Specialists	No
Full Time Specialists	4 day per month and if not availed encashable for to max limit of 30 days
PGMO	01/month and No work No Pay basis
UGMO	01/month and No work No Pay basis

**Private Practice :-**

Part Time Specialists	Allowed
Full Time Specialists	Not Allowed
PGMO	Not Allowed
UGMO	Not Allowed

**Selection Of Procedure:**

Applications are to be submitted in the prescribed Proforma

- Selection will be made on basis of interview of candidate, which will be conducted by the duly constituted selection committee.
- The final selection will be based purely on performance in personal interview.

**Remuneration:**

Remuneration for Part time Specialist		Remuneration for Full time Specialist	PGMO	UGMO
If not opted emergency charges OR additional Hours	Rs 60,000/-	Junior specialist Grade II (3 yrs experience post PG) Rs. 1,06,000/- per month.	85,000/-	75,000/-
If opted emergency charges	60,000+Rs 15,000/-			
If opted for additional hours	Rs. 800/- for every additional hrs.			
Professional Indemnity Policy :- To convert the professional liability falling on them as a result of error & omission committed by them while rendering professional Services. Minimum Sum Assured must be Rs. 20 Lakh for all sergeons Rs. 10 Lakh for all non sergeons.			85,000/-	75,000/-

**General Condition:**

- Interview will be conducted on dated 08/05/2023 at 10 am to 4.30 pm at "OFFICE OF MEDICAL SUPERINTENDENT, ESIS HOSPITAL, HOTGI ROAD SOLAPUR - 413003." Candidate should be present at interview with Original certificates & 2 sets of photo copies Matriculations Certificate for age proof, proof of Educational Qualification MMC/MCI Registration, Cast Certificate/Non Creamy Layer. 2 Photographs PP size.
- No TA/DA will be admissible for interview or Joining.

- c) This appointment will be only on temporary basis and no claim for permanent service, any services like PF, Pension, gratuity, Medical allowances, Seniority, Promotion.
- d) Other terms and conditions will be applicable as issued by Maharashtra government and competent authority from time to time.
- e) Selected candidate shall be appointed on purely contractual basis for the maximum Period of 364 days.
- f) Providing Police verification and Medical fitness certificate will be responsibility of this candidate.
- g) The MH-ESIS reserves the right to cancel the recruitment process at any stage at its discretion and such decision will be binding on all concerned.
- h) The contractual engagement may be terminated /discontinued on either side after giving one month prior notice to this effect without assigning any reason.
- i) Knowledge of Marathi Language and Handling of Computer is essential.
- j) Candidate should also be in possession of the certificates in the prescribed format in support of their Claim. Candidate claiming reservation under OBC Category should submit the latest Non-Cremy Layer Certificate along with self-declaration.
- k) Selected candidates will have to sign agreement of Terms & Condition on Rs. 100/- Stamp paper to purchased by the candidates prior to joining.

  
**Medical Superintendent**  
**MH-ESI Society Hotgi Road Solapur**

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STATE INSURANCE SOCIETY HOSPITAL SOLAPUR

Ph.No. 0217-2601747, Email- solapur.esis@gmail.com

**INTERVIEW FOR POST OF SPECIALIST**

1. Name in full (in block letters): .....

2. Fathers/Husband's Name: .....

3. Date of Birth (DD/MM/YYYY) : .....

4. Religion: .....

5. Caste :

6. Category :

7. Mailing address: .....

8. (a) E-Mail : .....

(b) Mobile No. : .....

9. Residential address: .....

.....

10. Permanent address: .....

11. Sex: Male / Female

12. Date of Registration in State medical council:

**13. Essential Educational and Professional Qualification (graduate level onwards)**

Name & address of college	University	Duration		Degree/ Examination Passing year	Subject	Percentage of Marks obtained
		From	To			

**DOCUMENTS TO REQUIRED:**

1. Valid MCI / State medical council registration certificate
2. Matriculation Certificate for Age Proof
3. Proof of Educational Qualification
4. Caste Certificate / Caste Validity
5. Experience Certificate (if available)
6. Copy of Pan card, Aadhar card Xerox
7. 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**

**Date:**

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**INTERVIEW FOR POST OF PGMO**

1. Name in full (in block letters): .....

2. Fathers/Husband's Name: .....

3. Date of Birth (DD/MM/YYYY) : .....

4. Religion: .....

5. Caste :

6. Category :

7. Mailing address: .....

8. (a) E-Mail : .....

( b) Mobile No. : .....

9. Residential address: .....

.....

10. Permanent address: .....

11. Sex: Male / Female

12. Date of Registration in State medical council:

**13. Essential Educational and Professional Qualification (graduate level onwards)**

Name & address of college	University	Duration		Degree/ Examination Passing year	Subject	Percentage of Marks obtained
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**Place:**

**Signature of Candidate**

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**INTERVIEW FOR POST OF UGMO**

1. Name in full (in block letters): .....

2. Fathers/Husband's Name: .....

3. Date of Birth (DD/MM/YYYY) : .....

4. Religion: .....

5. Caste :

6. Category :

7. Mailing address: .....

8. (a) E-Mail : .....

( b) Mobile No. : .....

9. Residential address: .....

.....

10. Permanent address: .....

11. Sex: Male / Female

12. Date of Registration in State medical council:

**13. Essential Educational and Professional Qualification (graduate level onwards)**

Name & address of college	University	Duration		Degree/ Examination Passing year	Subject	Percentage of Marks obtained
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**Place:**

**Signature of Candidate**

**Date:**