# APPLICATION FORM FOR ENGAGEMENT OF SUPER SPECIALISTS/ SPECIALIST (FULL TIME / PART TIME / EMPANELMENT) ON CONTRACTUAL BASIS IN ESIC MEDICAL COLLEGE, FARIDABAD

| 1.  | (a) Name of ESIC Medical Education In          | stitution applied for : |          |                                                                               |
|-----|------------------------------------------------|-------------------------|----------|-------------------------------------------------------------------------------|
|     | (b) Post applied for                           |                         |          | - · _ · _ ·                                                                   |
|     | (c) Specialty applied for                      |                         |          |                                                                               |
| 2.  | Particulars of the draft                       |                         |          | Affix self-attested recent<br>– passport size photograph                      |
|     | Amount (₹)                                     |                         |          | <ul> <li>here (photograph should</li> <li>be firmly pasted on this</li> </ul> |
|     | Name of issuing bank branch                    |                         |          | space and not stapled)                                                        |
|     | D.D. No. Da                                    | ated                    |          |                                                                               |
|     |                                                |                         |          |                                                                               |
| 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.  | Nationality                                    |                         |          |                                                                               |
| 7.  | Mailing address                                |                         |          |                                                                               |
| 8.  | (a) Email                                      |                         |          |                                                                               |
|     | (b) Mobile No.                                 |                         |          |                                                                               |
| 9.  | Permanent Address                              |                         |          |                                                                               |
|     |                                                |                         |          |                                                                               |
|     |                                                |                         |          |                                                                               |
|     |                                                |                         |          |                                                                               |
|     |                                                |                         |          |                                                                               |
| 10. | Sex (write <b>1</b> for Male, 2 for Female,3 f | or Transgender)         |          |                                                                               |
| 11. | i) (a) If Person With Disability (PWD)         |                         | Yes / No |                                                                               |
|     | (b) If Yes, Percentage of Disability           |                         |          |                                                                               |
|     | ii) Whether Ex-Serviceman                      |                         | Yes / No |                                                                               |
|     | lii) Whether ESIC / Govt. Employees            |                         | Yes / No |                                                                               |
| 12. | Community to which applicant belong            | S                       | 1        |                                                                               |
|     | (Write 1 for SC, 2 for ST, 3 for OBC an        | d 4 for General)        |          |                                                                               |

# 13. ESSENTIAL EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

(Attach annexure, if necessary)

| Name & Address of College | University | Duration |    | Degree / Examination<br>Passed | Subjects | Percentage of<br>marks obtained |
|---------------------------|------------|----------|----|--------------------------------|----------|---------------------------------|
|                           |            | From     | То |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |
|                           |            |          |    |                                |          |                                 |

Contd. ...3

(Attach annexure, if necessary).

| Name of the Institution | Position(s) held | Period of service |    | Institution Type | Whether Experience is<br>recognized by MCI |
|-------------------------|------------------|-------------------|----|------------------|--------------------------------------------|
|                         | -                | From              | to | -                |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  |                                            |
|                         |                  |                   |    |                  | Control 1/                                 |

Contd. ...4/-

# **15. DETAILS OF RESEARCH PUBLICATIONS**

(Attach annexure, if necessary).

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

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\_\_\_\_\_

## ACCEPTANCE OF OFFER FOR EMPANELMENT

I, Dr. .....Consultant of......agree to work as Empanelled Specialist/ Super Specialist (on case to case basis) in ESIC Medical College & Hospital, NH-3, N.I.T, Faridabad and offer .....%(percentage) of CGHS package/procedural rate as my professional fees. I shall abide all the terms & conditions of the ESIC and deliver best of the service in the interest of ESIC beneficiaries.

Date:

Signature

Name of Doctor:

Address:

**Contact No.** 

## > EDUCATIONAL & OTHER QUALIFICATIONS

| ncerned specialty from recognized    |
|--------------------------------------|
| s (diploma of post PG qualification  |
| e Medical Council.                   |
|                                      |
| ered with MCI/ State Medical Council |
|                                      |
|                                      |
|                                      |

# > <u>AGE LIMIT:</u>

| Sr. No. | Post                             | Age Criterion           |
|---------|----------------------------------|-------------------------|
| 1.      | Full/Part Time Super Specialists | Not more than 67 Years. |
| 2.      | Empanelment (Case to case basis) | Not more than 70 Years. |

# > <u>Pay & Emoluments</u>:

| Sr. No. | Post                                          | Pay & Emoluments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.      | Part Time Super Specialists                   | <ul> <li>As per Hqrs Officer OM No. U-13/14/38/2020 MED-I<br/>(ESIC/SC) dated: 28.09.2020</li> <li>The selected candidate shall be entitled to Rs.<br/>1,50,000/-(Consultant) or Rs. 1,00,000/- (Entry Level)<br/>per month for Four Hours per day x 4 days in a week.</li> <li>i) Rs. 20,000/- per month for visiting charges in<br/>case of emergency call after schedule duty<br/>timings subject to requirement of the emergency<br/>call.<br/>Rs. 1,500/- (Consultant) or Rs. 1,200/- (Entry<br/>Level) for every Additional remuneration beyond<br/>16 hour/Week*</li> <li>ii) No other allowances will be paid in addition to<br/>the consolidated remuneration.</li> </ul> |
| 2.      | Full Time Super Specialists                   | As per Hqrs Officer OM No. U-13/14/38/2020 MED-I<br>(ESIC/SC) dated: 28.09.2020<br>Super Specialist (Entry Level)-2,00,000/- per month<br>Super Specialist (Consultant Level)-2,40,000/- per month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3.      | Empanelment Specialists/<br>Super specialists | Capitation fee will be in terms of % (percentage) of CGHS package procedure rate (Details to be provided by the applicant in the acceptance of offer).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

- a) Selected candidates shall be appointed purely on contractual basis for a period of one year.
- b) The Contractual engagement may be terminated / discontinued on either side giving one month prior notice to this effect without assigning reason.
- c) Other terms and condition will be applicable as issued by competent authority from time to time.
- > (i) <u>Amount of Application fee:</u>

| SI. No. | Category                                                                 | Fee Amount |
|---------|--------------------------------------------------------------------------|------------|
| 01      | SC/ST/ ESIC Candidates/Female Candidates / Ex-servicemen & PH candidates | NIL        |
| 02      | All other categories                                                     | 225/-      |

## (ii) MODE of PAYMENT:

A Demand Draft of Rs. 225/- (as applicable) in favor of '**ESI Fund Account No. 1**' drawn on any scheduled bank payable at 'Faridabad' has to be submitted along with the Application Form.

## NOTE:-

- a) Fee once paid will not be refunded under any circumstances.
- b) Only Demand Draft drawn on any Scheduled Bank will be accepted. Application Fee paid by any other mode will not be accepted.
- c) The Demand Draft must be issued after the date of issue of this advertisement.
- F. The following testimonials should be attached with application form:
- a) Two copy of recent self-attested passport size photograph.
- b) Self-attested copies of certificates and testimonials in support of proof of age (Date of Birth), Educational
  - a. Qualification, Experience and Research Papers, Publications etc.

<u>Note</u>:- Candidates may contact DEAN OFFICE, ESIC MEDICAL COLLEGE, NH-3, NIT, FARIDABAD on phone number 0129-4156471 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: <u>dean-faridabad@esic.nic.in.</u>

- G. <u>Selection Procedure</u>:
- a) The selection will be made on the basis of performance of the candidate in interview before the selection Board.
- b) Result will be communicated through e-mail/sms and will be displayed on web-site.
- c) Selected candidates will have to join immediately after receipt of offer of Appointment.

## H. GENERAL CONDITIONS:

- a) Mere submission of application does not confer any right to the candidate to be interviewed.
- b) Application should be submitted in the prescribed format only. The applications found to be incomplete will be summarily rejected.
- c) Wrong declarations/submission of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage.
- d) Opportunity of interview given to candidates will be on provisional basis.
- e) No Forms will be accepted after 10:00 AM under any circumstances.
- f) The interviews shall be conducted at DEAN OFFICE, ESIC MEDICAL COLLEGE, NH -3, NIT, FARIDABAD. However, ESIC reserves the right to change the centre, if needed.

## I. Application Process:

The candidates may ascertain their eligibility and "walk-in" for interview on the <u>appointed day</u> <u>One Hour before schedule time of interview</u> at the venue.

## > <u>Terms & Condition For Empanelment:</u>

#### Empanelment and Capitation Fee:

- The doctors will be empanelled on the basis of the eligibility criteria and capitation fees offered by the applicant.
- Capitation fee will be in terms of % (percentage) of CGHS package: procedure rate(Details to be provided by the applicant in the acceptance of offer).
- A list of empanelled doctors as LI. L2 and L3 (as per requirement) shall be prepared based on % of CGHS package/procedure rate in the increasing order.
- L1 empanelled doctor from the list shall be called for the professional services. However, if the first (L1) doctor on empanelment is not available then the next empanelled doctor on the panel may be called up based on the urgency of procedure.
- If the empanelled doctor does not provide the post-operative care after the procedure, Competent Authority may call next empanelled doctor for the same and proportionate deduction shall be made from the first empanelled doctor who had performed the procedure.
- The Appointing Authority reserves the right to cancel the offer/ advertisement without assigning any reason thereof.
- The empanelled doctor shall sign the acceptance of offer letter.

#### General Terms and Conditions:

#### Duties & Responsibilities of empanelled doctor

- The empanelled doctor, whenever called for. will provide the professional services to the ESIC beneficiaries at ESIC Hospital as per terms and conditions based on offer of professional fees linked to CGHS package/ procedure.
- The empanelled doctor shall also provide post procedure care with minimum of two visits per day (one in morning and another in evening), till the patient is discharged.
- The empanelled doctor will be available round the clock for professional services.
- The doctor is required to complete the paper work/ case sheet as required by the ESIC Hospitals.
- The doctor may also advise/recommend to refer the entitled beneficiaries to tie-up/higher centre if the condition of the patient so requires.
- The doctor has to ensure that the record of all his indoor patients are updated, medicines and services are delivered to the patient.
- The doctor will be responsible for any deficiency /negligence in the delivery of professional services.

#### Agreement & Applicability of laws

- The both parties shall have the full power and authority to enter into this agreement and to perform the acts required of it.
- The Parties shall comply with all applicable Laws, Statutes, Ordinances, Orders, Rule and Regulations in operation in the country.

#### **Termination of empanelment**

- It is expected that the doctors will observe the highest standard of ethics during the execution of the empanelment.
- Following instances may result in termination of empanelment:
  - 1. Any collusion with doctors/staff
  - 2. Malpractice
  - 3. Misrepresentation
  - 4. After joining of the regular Specialists/Super Specialists
  - 5. Medical negligence in providing / delivering his medical services
  - 6. Any other as decided by Medical Superintendent

The Appointing Authority may terminate the agreement of the empanelled Specialists/Super Specialists with or without assigning any reason whatsoever after giving a notice of 30 days to the doctor.

## Period of empanelment:

- Such empanelment is valid for one year from the date of signing of contract.
- It is extendable for one year with mutual consent of both the parties.

## HOW TO APPLY:-

The eligible and desirous medical professionals, along with their application form filled properly in prescribed Performa "Annexure-A" and acceptance of offer "Annexure B" should appear for a walk-in interview on the appointed date and time at Office of Dean, ESIC Medical College and Hospital, NH3, NIT Faridabad. The application form is available on the website <u>www.esic.gov.in</u>. They should bring two recent passport size photographs along with one set of attested photocopies and originals of testimonials in support of their date of birth, educational qualification, professional qualification, registration of medical council and experience.

Sd/-

DEAN