

**OFFICE OF THE MEDICAL SUPERINTENDANT,
MH- EMPLOYEES STATE INSURANCE SOCIETY, HOSPITAL
OFFICE ADDRESS-ESI SOCIETY,HOSPITAL,TRIAMBAK ROAD, SATPUR, NASHIK- 422 007
EMAIL: ID- nashik.esis@gmail.com
(GOVERNMENT OF MAHARASHTRA)**

Walk In Interview For appointment of Part-Time Specialist, Medical Officer (PG) and Medical Officer for 1 Year on Contract Basis in ESI Society, Hospital.

| DEPARTMENT | DATE OF THE INTERVIEW | TIME OF THE INTERVIEW | AGE AS ON DATE OF INTERVIEW | QUALIFICATION | EMOLUMENTS |
|----------------|-----------------------|-----------------------|---|---------------|--|
| Dental Surgeon | 02.05.2025 | 11.00 to 01.00 | Up to 30 Year's as on the Date of Interview. (relaxable upto 5 years for ST/SC/OBC/PWD/Ex-Servicemen) | BDS | Rs.75,000/- per Month for 09.00 am to 04.00 pm |

Note :

- 1 The selected candidate will have to get him/her self registered under the Dentists Act. 1948 (16 of 1948)
- 2 Medical Superintendent MH-ESI Society, Hospital may increase or decrease or cancel filling up of any or all the post without assigning any reasons.
- 3 The recruitments are purely on contractual basis and selected candidates will have no claim for regularization of the service in the hospital.
- 4 Selected candidates will have to sign agreement of Terms & Conditions on Rs. 100 stamp paper to be purchased by the candidate prior to joining.
- 5 In case regular incumbent joints in, the appointment shall be terminated, forthwith as per the condition of the contract.
- 6 No TA/DA will be admissible for walk in Interviews or joining the post.
- 7 Selected candidates will have to join on immediately.
- 8 For candidates- Document Requirements (Original and 2 Set of Photocopies), Matriculation Certificate for age proof, Proof of Educational Qualification, Self registered under the Dentists Act. 1948 (16 of 1948), Cast Certificate, Non Creamy layer Certificate Two Photographs (PP Size).

Medical Superintendent
E.S.I.S. Hospital, Satpur, Nashik


Medical Superintendent
Maharashtra Employees State
Insurance Society Hospital
Nashik-7

RECRUITMENT OF CONTRACTUAL DENTAL SURGEON MH-ESI
SOCIETY,

HOSPITAL, NASHIK-422007.

(To be filled by the Candidate Only in Capital Letters)

Affix Recent Passport
Size
Colored Photograph

DEPARTMENT _____

1) NAME _____

(FIRST NAME) (MIDDLE NAME) (LAST NAME)

2) DATE OF BIRTH _____ CATEGORY: UR/OBC/SC/ST/NT/EWS/SBC

3) HEIGHT _____ FEET _____ INCHES _____

4) MARITAL STATUS _____

5) IDENTIFICATION MARK _____

6) ADDRESS _____

_____ PINCODE _____

7) RELIGION _____ (CASTE) _____

8) CONTACT NO. _____ E-mail _____

9) AADHAR NO. _____ PAN NO. _____

10) M.B.B.S. (YEAR OF PASSING) _____

11) POST GRADUATION (DEGREE/DIPLOMA)

| SR. | DEGREE/DIPLOMA | YEAR OF PASSING | UNIVERSITY/INSTITUTE |
|-----|----------------|-----------------|----------------------|
| | | | |
| | | | |
| | | | |

12) MEDICAL COUNCIL REGISTRATION NO. _____

13) NAME OF MEDICAL COUNCIL _____

14) EXPERIENCE:-

| SR | DESIGNATION | FROM | TO | DURATION |
|----|-------------|------|----|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

15) Presently working as (Designation) _____ Name of Institution _____ Govt./Private _____

16) NOC certificate from present employer taken _____

17) I hereby declare that the information given above is true & correct to the best of knowledge and belief. In case of any information is found false /incorrect at the later stage of the recruitment/appointment, I shall be bound by the decision of MH-ESI Society. The decision of the Selection Panel will be binding on me & I shall abide by it.

Attach with-1. Matriculation Certificate for age proof 2. Proof of Educational Qualification 3. The selected candidate will have to get him/her self registered under the Dentists Act, 1948 (16 of 1948) 4. Cast Certificate / Non Creamy layer Certificate 5. Experience Certificate 6. Two photographs PP size. 7. Registration certificate

Date:-

Signature & Name of Candidate


Medical Superintendent
Maharashtra Employees State
Insurance Society Hospital
Nashik-7