



ಕಾರ್ಮಿಕರ ರಾಜ್ಯ ವಿಮಾ ನಿಗಮ
(ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ ಸಹವಾಯಿ, ಭಾರತ ಸರ್ಕಾರ)
ಕರ್ಮದಾರಿ ರಾಜ್ಯ ಬಿಮಾ ನಿಗಮ
(ಶ್ರಮ एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



ಕ್ಷೇತ್ರೀಯ ಕಾರ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ನಂ. 10 ಬಿನ್ನಿಫೀಲ್ಡ್ಸ್, ಬಿನ್ನಿಪೆಟ್, ಬೆಂಗಳೂರು - 560023.
REGIONAL OFFICE, KARNATAKA, NO. 10 BINNYFIELDS,
BINNYPET, BANGALORE -560 023,
Phone : 080-26740764, E-Mail : rd-karnataka@esic.nic.in
Website : www.esic.nic.in / www.esic.in

WALK-IN-INTERVIEW FOR APPOINTMENT OF PART TIME MEDICAL REFEREE

Eligible candidates are invited for walk in interview for appointment as Part time Medical referee on contract basis for the following places in Karnataka:-

SL No	Place of Duty	No of vacant post
1	Bommasandra	1
2	Belagavi	1
3	Channapatna	1
4	Chikkaballapura	1
5	Dandeli	1
6	Gulbarga	1
7	Hubli	1
8	Karwar	1
9	KGF	1
10	Mangalore	1
11	Mysore & Nanjungud	1
12	Shahabad	1
13	Torangallu	1
14	Tumkur	1

Date of Interview:- 21/09/2021

Registration for interview from 10:00 AM to 11: 00 AM at nearest Branch Office or Sub Regional Office.

Place of Interview:- The following are the respective places of interview for the candidates opting to above places of duty.

Sl. No	Place of Interview
1	Regional Office, ESI Corporation, Binnypet, Bangalore.
2	Branch office, ESI Corporation, Belagavi
3	Branch office, ESI Corporation, Channapatna
4	Dispensary Cum Branch Office, ESI Corporation, Chikkaballapur
5	Branch office, ESI Corporation, Dandeli
6	Sub Regional Office ,ESI Corporation, Gulbarga
7	Sub Regional Office, ESI Corporation, Hubli
8	Dispensary Cum Branch Office, ESI Corporation, Karwar
9	Branch Office,ESI Corporation, KGF
10	Sub Regional Office ,ESI Corporation, Mangalore
11	Sub Regional Office ,ESI Corporation, Mysore
12	Branch Office, ESI Corporation, Shahabad
13	Branch Office, ESI Corporation, Torangallu
14	Branch Office, ESI Corporation, Tumkur

QUALIFICATION REQUIRED: MBBS degree included in schedule Part I of Medical Council of India. Only retired Central/State Government doctors need to apply.

AGE LIMIT: Upper age limit is 69 years as on 21/09/2021.

Sd/-

Place: Bengaluru
Date: 13 /09 /2021

Regional Director



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WALK-IN-INTERVIEW FOR APPOINTMENT OF PART TIME MEDICAL REFEREE

TERMS AND CONDITIONS

1. The appointment is purely on temporary basis for a period of one year only. It may be extended as per requirement.
2. NPA and other allowances are not admissible.
3. The appointment shall not confer any right or preference for regular appointment.
4. No claim for any service benefits like PF, Pension, Gratuity, Medical Allowance, Seniority and promotion etc. from this contract appointment will be admissible.
5. The part time medical referees will be under supervision of State Medical Officer of Karnataka, ESI Corporation Karnataka.
6. Termination of service by giving one month notice by either side.
7. No TA/DA will be admissible for joining.

INSTRUCTIONS FOR CANDIDATES

Duly filled in application form in the prescribed format as per annexure-I and original certificates are to be brought for verification along with the self attested photo copies of certificates in support of age, qualifications, experience and two passport size photographs should be submitted at the time of walk-in-interview.

Remuneration: the breakup of the remuneration is as under:

- a) For one session per week : Rs 2500/- Per Month.
- b) For every additional session of each week : Rs 1250/- Per Month.
- c) Total (Maximum) for 15 sessions or more : Rs 20000/- Per Month.

Each Session should not be less than 2 (TWO) Hours.



Annexure – I

PROFORMA OF APPLICATION FOR APPOINTMENT AS PART TIME MEDICAL REFEREE

1. Name in full (Capital Letters) :
2. Gender :
3. Date of Birth (Copy of Proof) :
4. Nationality :
5. Postal Address with Mobile No/e-mail ID :
6. Permanent address :
7. Education Qualifications :

Affix
Photograph

Name of Examination	Institute/College attended	University	Year of Passing	Percentage

8. Date of Appointment in Govt, Services :
9. Post held in Govt. Service :
10. Present place of posting
11. Experience/details of employment ;
12. Any other information :

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand that the department can take action against me in case the information furnished is found to be incorrect/false/suppressing any facts.

Date:

Place :

Signature of the Candidate

with Name