



विता से मुक्ति

कर्मचारी राज्य बीमा निगम अस्पताल, पीन्या
EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL PEENYA
श्रम एवं रोजगार मंत्रालय, भारत सरकार

Ministry of Labour & Employment, Govt. of India
सर्वे सं, 1-55-11. प्लॉट सं 5, 1. वां मेन रोड) एफ.टी.आई. कैम्पस (यशवंतपुर सबर्ब,
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No.492/A/12/13/Rectt/2014/Estt (VoI IV)

Date :01.02.2019

EMPANELMENT OF SPECIALISTS FOR A PERIOD OF ONE YEAR THROUGH WALK-IN -INTERVIEW.

ESIC Hospital Peenya is 100 bedded hospitals and committed to provide cashless secondary care services to ESIC beneficiaries. In order to meet the shortage and to provide in house services to the ESIC beneficiaries this hospital proposes to empanel Specialist for "on demand Professional Services for a period of one year"

The details of empanelment of Specialist is as under

Sl No	Department
1	Radiology

Sl No	Description	Details
1.	No of vacant posts	02 (Can be increased or decreased)
2.	Minimum Qualification	MBBS with PG Degree (MD/DNB/Diploma) in concerned specialty from recognized university with 3 years(degree)/5 years(Diploma of post PG qualification experience and registered with MCI/State medical Council_
3.	Age	The upper age limit is 70 years on the date of interview.
4.	Empanelment and Capitation Fee	<ol style="list-style-type: none">1. The doctors will be empanelled on the basis of the eligibility criteria and capitation fee offered by the applicant2. 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)3. A list of empanelled doctors L-1, L-2, L-3(as per requirement) shall be prepared based on % of CGHS package/procedure rate in the increasing order.4. L-1 empanelled doctors from the list shall be called for the profession services. However, if the first L-1) doctor on empanelment is not available then the next empanelled doctor on the panel may be called up based on the urgency of the procedure.5. 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.

		<p>6. The Appointing Authority reserves the right to cancel the officer/advertisement without assigning any reason thereof.</p> <p>7. The empanelled doctor shall sign the acceptance of offer letter.</p> <p>8. The empanelled doctor shall sign the acceptance of offer letter</p>
5	General Terms and Conditions	<p>1. The empanelled doctor, whenever called for will provide the professional services to the ESIC beneficiaries at ESIC Hospital Peenya as per terms and conditions based on offer of professional fees linked to CGHS/package</p> <p>2. The empanelled doctor will be available round the clock for professional services.</p> <p>3. The doctor is required to complete the paper work/case sheet as required by the ESIC hospital.</p> <p>4. The doctor may also advise/recommend to refer the entitled beneficiaries to tie-up /higher centre if the condition of the patient so required.</p> <p>5. The doctor has to ensure that the record of all his outdoor/indoor patients are updates, medicines and services are delivered to the patient.</p> <p>6. The doctor will be responsible for any deficiency /negligence in the delivery of profession services.</p>
6.	Agreement and Applicability of Laws	<p>1. The both parties shall have the full power and authority to enter into this agreement and to perform the acts required to it.</p> <p>2. The parties shall comply with all applicable Laws, Statutes, ordinances, orders, Rules and Regulations in operation in the country.</p>
7.	Termination of empanelment	<p>1.It is expected that the doctors will observe the highest standard of ethics during the execution of the empanelment.</p> <p>2.The following instances may result in termination of empanelment.</p> <ul style="list-style-type: none"> ➤ Any collusion with the doctors/staff ➤ Malpractice ➤ Misrepresentation ➤ After joining of the regular specialist ➤ Medical negligence in providing/delivering his medical services. ➤ Any other as decided by Medical Superintendent. <p>The Appointment Authority may terminate the agreement of the empanelled specialist with or without assigning any reason whatsoever after giving a notice of 30 days to the doctor. Cont'd...3/-</p>
6	Period of empanelment	<p>1. Such empanelment is valid for one year from the date of signing of contract.</p> <p>2. It is extendable for one year with mutual consent of both the parties</p>

	Date of Interview	01.03.2019
7	Reporting time for Registration	09.15 A.M to 11.00 A.M

For Candidates
Documents Required (Original & one copy Xerox)

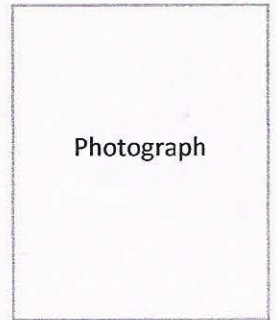
1. Date of birth Certificate
2. MMC/MCI Registration Certificate
3. Proof of Educational Qualification
4. Experience certificate
5. Two photographs (PP size)
6. Offer of acceptance – Annexure B

Note

*please refer the link : [http://medicalr.du.ac.in/form/CGHS rateList.pdf](http://medicalr.du.ac.in/form/CGHS%20rateList.pdf)

Candidate may also refer to the website of MoHFW for revised CGHS rates.

APPLICATION FORM - ESIC HOSPITAL PEENYA , BANGALORE



1. Service for which applying :
2. Name in Full (IN BLOCK LETTERS).....
3. Father's /Husband's Name.....
4. Date of Birth (In figures)
(In Words)
5. Age as on the date of interview Years.....Months.....Days.....
6. Religion.....
7. Category: SC ST GEN OBC
8. Nationality.....
9. Mailing address (with e-mail address and telephone number)
.....
.....
10. Permanent Address (with e-mail address and telephone number)
.....
.....
11. Sex : Male / Female
12. Whether ESIC/Govt Employee : YES / NO
13. Date of completion of compulsory Rotating Internship
14. Medical Council RegisterNo :.....
15. Name of the Medical Council:.....
16. Details worked as Senior Resident in Central/Govt Hospitals
Years.....Months.....days
17. Tentative date of Joining (if selected).....

18. Education Qualification

Sl No	Name of the Exam	University	Percentage of Marks	Year of passing

19. Experience:

Sl No	Name of Hospital	Post Held	Period		
			From	to	Total Period (Years & Months)

20. Presently work in as Designation a).....

b) Name of the Institution.....c) Govt/Private.....

21 NOC certificate from present employer taken/PPO copy available(if applicable)

22 Have you ever been dismissed orpunished :.....

DECLARATION

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.

If selected, I am willing to serve anywhere in India.

Place :.....

Date :.....

Signature of the Candidate

ANNEXURE – B

ACCEPTANCE OF OFFER

I Dr.....
S/D/W of Shri/Smt.....Consultant
.....Specialty agree to work as
empanelled Specialist in ESIC Hospital, Peenya and offer % (percentage) (
numbers).....(in words).....of
*CGHS package/procedural rate as my professional fees. I shall abide all the terms and
conditions of the ESIC and deliver the best of the services in the interest of ESIC
beneficiaries.

Signature.....

Date :

Name of the doctor with address and contact No.

*please refer the link : http://medicalr.du.ac.in/form/CGHS_rateList.pdf

Candidate may also refer to the website of MoHFW for revised CGHS rates.