APPLICATION FOR THE POST OF MEDICAL OFFICER UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, KOLHAPUR MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY

EMAIL- Kolhapur.amo@gmail.com

INTERVIEW FOR POST OF MEDICAL OFFICER Details of posts as below

| Name of | Post | open | EWS | SC | ST | VJLNT | NT | NT. | NT | SBC | ОВС | Orphen | Total |
|----------------|--------|------|-----|----|----|-------|-----|-----|-----|-----|-----|--------|-------|
| Disp/office | to | | | | | (A) | (B) | (C) | (D) | | | | |
| | be | | | | | 10 | | | | | | | |
| | filled | | | | | | | | | | | | |
| Nagala Park DC | 02 | | | | | | | | | | | | |
| Tarabai road | 01 | | | | | | | | | | | | |
| DC | | | | | | | | | | | | | |
| ichakaranji | 03 | | | | | | | | | | | | |
| Satara | 01 | 6 | 2 | 2 | 1 | 1 | 1 | 1 | 0 | 0 | 3 | О | 17 |
| Miraj | 02 | J | _ | _ | - | _ | _ | _ | | | | | 1, |
| Sangli | 03 | | | | | | | | | | | | |
| Barshi | 01 | | | | | | | | | | 1 | | |
| Samaj Kalyan | 04 | | | | | | | | | | | | |
| Kendra,Solapur | | ä | | | | | 8 | | | | | | |
| Kagal | 04 | | | | | | | | | | | | |
| Shiroli | 03 | | | | | | | | | | | | |
| Shinoli | 02 | 6 | 3 | 1 | 2 | 1 | 1 | 0 | 1 | 1 | 4 | 0 | 20 |
| Yadrav | 05 | | | | | | | | | | | | |
| Wai | 03 | | | | | | | | | | | | |
| Phaltan | 03 | | | | | | | | | | | | |

Above all Dispensaries posts will be filled against roster.

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

At present some posts are filled by contract/Bonded candidates in following dispensaries. viz. Amo office/ Satara/ Sangli /Miraj/ Kupwad/ Naglapark/ Yadrav/ Shiroli/ Shinoli/ Kagal/Tarabai Road/ichalkaranji/Barshi,Solapur/Damani Nagar, Solapur/Samaj Kalyan Kendra, Solapur/Chincholi, Solapur/Gokul Shirgaon/Wai/Phaltan etc. If Vacancy arises in above mentioned all places, then selected candidates will be considered.

Qualification: M.B.B.S

Age: Should be less than 69 yrs as on 01-01-2024

Selection Of Procedure:

Applications are to be submitted in the prescribed Proforma

- a) Selection will be made on basis of interview of candidate, which will be conducted on Date **31/01/2024** by the duly constituted selection committee.
- b) The final selection will be based purely on performance in personal interview.

Pay allowances: Candidates appointed on contractual basis will be paid consolidated Pay as per Maharashtra Government GR dated 29/05/2020.

General Conditions -

- a) Last Date of submitting application form is Dt. 30/01/2024 up to 05:00 PM.
- b) Interview will be conducted on **Dt. 31/01/2024**, at "OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, 38 A, 4th Floor, Kristal Plaza, Near Golds Gym, Kolhapur-416003." Candidates should be present at interview with original certificates.
- c) No TA/DA will be admissible for interview or joining.
- d) This appointment will be only on temporary basis and no claim for permanent service, any services like PF, Pension, gratuity, medical allowances, Seniority, Promotion. Only casual leave will be permitted as per rule. His services will be terminated if regular candidate is appointed by government by direct recruitment or transfer.
- e) other terms and conditions will be applicable as issued by Maharashtra and competent authority from time-to-time government
- f) If candidate wishes to resign, candidate should give one month notice.
- g) Selected candidate will be required to deposit a Security Deposit of One month payment in Favor of Administrative Medical Officer, MH-ESIS, Kolhapur at time of Joining which is refundable after completion of contract period and production of "No Dues Certificate".
- h) Selected candidate shall be appointed on purely contractual basis for the maximum Period of 364 days.
- i) No private Practice is allowed during the tenure of service in MH-ESIS.
 - i) Providing Police verification and medical fitness certificate will be responsibility of the candidate.
- j) 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.
- k) 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.
- m) The selected candidates may be given duties for inspection of hospitals/clinics in the jurisdiction of the office.
- n) The selected candidate may have to work in another dispensary in the absence of medical officer of that dispensary.

APPLICATION FOR THE POST OF MEDICAL OFFICER

UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, KOLHAPUR

MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY

Email- establish.kop@gmail.com

INTERVIEW FOR POST OF MEDICAL OFFICER

| 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 | University | Du | ıration | Degree/Examination | Subject | Percentage of Marks obtained | |
|----------------------|------------|------|---------|--------------------|---------|------------------------------------|--|
| college | | From | То | Passing Year | Subject | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

14. Preferred Location:

| Sr.No | Place |
|-------|-------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | 1 |
| 9 | |
| 10 | |

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: | |