154-A/12/16/MC/3/2022-Estt. I/3260411/2025



कर्मचारी राज्य बीमा निगम (श्रम एवं रोजगार मंत्रालय, भारत सरकार) Employees' State Insurance Corporation (Ministry of Labour & Employment, Govt. of India)



चिकित्सा महाविद्यालय एवं अस्पताल Medical College & Hospital देसूना, एमआई ए, अनवर (राज.)-301030 Desula, MIA, Alwar (Raj.)-301030 E-mail:- dean-alwar.rj@esic.nic.in ms-alwar.rj@esic.nic.in

Date:- 14-11-2025

त्यमेव जयते ms-alwar.rj@esic.nic.in website:- www.esic.nic.in/www.esic.nic.i

Advertisement No. 12/2025

ADVERTISEMENT FOR **RECRUITMENT OF 19 POST FOR JUNIOR RESIDENT(FOR 01 Year) AND 08 TUTOR(FOR 01 Year)** FOR ESIC MEDICAL COLLEGE & HOSPITAL, ALWAR (RAJASTHAN)

Date of Interview:- 26.11.2025 & 27.11.2025 Mode of Interview:-OFFLINE

<u>VENUE FOR INTERVIEW</u>

ACADEMIC BLOCK, ESIC MCH, ALWAR, RAJASTHAN - 301030

| Vacancy Detail for JR | 07-UR, 05-OBC, 02-SC, 03-ST, 02-EWS |
|--------------------------|-------------------------------------|
| Vacancy Detail for Tutor | 04-UR, 01-OBC, 01-SC, 02-EWS |

1. All seats will be filled for a maximum period of 01 year or joining of ESIC Bond Junior

Resident and regular Tutor, whichever is earlier. Seat of Tutor will be filled against vacant post in departments.

- 2. Interested candidates should report for document verification on 26.11.2025 from **09.00 AM to 01:00 PM** at **ACADEMIC BLOCK**, **ESIC MCH**, **ALWAR**, **RAJASTHAN 301030**. **After this written exam is conducted between 02:00 PM to 03:00 PM**.
- 3. Detailed advertisement & application form can be downloaded from website **www.esic.gov.in**→ recruitment.

Eligibility Criteria:-

AGĚ:-

1. Not exceeding 30 years as on the date of interview

QUALIFICATION:-

- 1. MBBS from recognized University.
- 2. Internship should also be completed as on the date of Interview.
- 3. Candidate should be registered with NMC/MCI/State Medical Council.

EMOLUMENTS:-

1. Consolidated Remuneration will be as per central Govt pay matrix under Level 10. (As per ESIC Hqrs. Letter No. Z-17/11/1/2007/Med. IV (Pt. File) dated 13.04.2022. Approximate amount of Rs. 1,12,054/- month.

Amount of Application Fee

| Sl. No | Category | Fee Amount |
|-----------|---|---------------|
| 1 | SC/ ST/ ESIC (Regular employees)/ Female Candidates, Ex-servicemen & PH candidates | Nil |
| 2 | All other categories | 500/- |

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Note: Candidate can also make the online payment (with transaction proof) on **HDFC Bank (Account No. 50100729736609 IFSC Code: HDFC0002857)** or produce Demand draft as applicable from the nationalised bank in the favour of ESI Fund Account No. 1, payable to Alwar.

How to apply:-

- 1. The eligible and desirous candidates, along with their application filled properly in prescribed Performa "Annexure-A" should appear for written exam and walk-in-interview on the mentioned date the time.
- 2. The application form is also being uploaded on www.esic.nic.in
- 3. The candidate should bring two recent passport size photographs along with one set of attested photocopies and original of testimonials.

Terms & Condition:-

- 1. Vacancies are likely to change at the time of Interview.
- 2. No TA/DA will be paid to the candidates for appearing in the interview. The candidate arrange for stay at own level to appear in interview.
- 3. In case, the number of candidates exceeds two times the post applied for, a written test shall be conducted to limit the number of candidates for verbal interview. Venue for the written test will be notified to the candidates on the Notice Board at ground floor opposite dean office.
- 4. The written test shall have 25 questions in the maximum. The duration of the test will 30 minutes and shall be held between 02:00 PM to 02:30 PM on 26.11.2025. Each question shall be of 04 marks. There shall be negative marking of 02 marks for each wrong answer.
- 5. The marks of the written test shall be displayed on esic website www.esic.gov.in and Notice Board at ground floor opposite dean office on 26.11.2025 of the candidates who secures above the cut off marks and eligible for the interview. In the interview only 3 times of the vacancies candidates will be called. The interview will be held on dated 27.11.2025 from 09:00 AM onwards.
- 6. The selection of the candidate and merit list shall be based purely on the basis of the oral interview.
- 7. The Dean/Medical Superintendent reserve the right to fill up all or not to fill up any vacancy.
- 8. The Dean/ Medical Superintendent reserve the right to alter the date or cancel the interview.
- 9. Selected candidate will have the deposit security deposit of Rs. 50,000/- in State Bank of India ESI Fund Account No. 1 Payable at MIA, Alwar.
- 10. Private practice of any kind will not be allowed.
- 11. Hostel Accommodation/Quarter may be provided as per availability.
- 12. Candidate should bring their own application form.
- 13. Result of the interview shall be published on the official website of ESIC and offer of appointment to the successful candidates through e-mail only.
- 14. Other terms of condition will be applicable as issued by competent authority from time to time.

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Note: Candidates may contact DEAN OFFICE, ESIC MEDICAL COLLEGE & HOSPITAL, ALWAR, RAJASTHAN on phone number 0144-2887502 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: dean-alwar.rj@esic.nic.in

Advt. No: 12/2025 Dated: 14-11-2025

Digitally signed by
Dr. Om Prakash Lakhwani
Dean4-11-2025
ESIC1Medical College &
Hospital, Alwar, Rajasthan

APPLICATION FORM FOR JUNIOR RESIDENT AND TUTOR

| Advertisement No | | | | | | | | | | | | | | | DI | ease | _ | | |
|----------------------|--|-------|-------|-----|-----|---|---|---|---|-----------------------|-----|--|---|---|-----------|----------------------------|-----------|----------|---|
| Name of the Post | | | | | | | | | | | | | | | Re Pas | ffix cen sspo pho | nt ert | | |
| Personal Details [II | N CA | APITA | AL LE | ЕТТ | ERS | l | | | | | | | | | | | | | |
| 1. Full Name | | | | | | | | | | | | | | | | | | | |
| (Dr.) | | | | | | | | | | | | | | | | | | | |
| | | | • | | | • | | • | • | • | | | | | | | • | | |
| 2. Father's/ | | | | | | | | | | | | | | | | | | | |
| Husband's Name | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | |
| 3. Address for | \neg | | I | | | | | | | | | | | | | | | | |
| Correspondence | | | | | | | | | | | | | | | | | | | |
| with PIN | | | | | | | | | | | | | | | | | | | |
| Code Number | | | | | | | | | | | | | | | | | | | |
| Code Number | | | | | | | | | | | | | | | | | | | L |
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| 4. Permanent | | | | | | | | | | | | | | | | | | | |
| Address with | | | | | | | | | | | | | | | | | | | |
| PIN Code | | | | | | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 5. E-Mail Id | | | | | | | | | | | | | | | | | | | |
| (IN BLOCK LET | | RS ON | VLY) | | | | | | | | | | | | | | | | |
| 6. Phone/Mobile | | | | | | + | 9 | 1 | | | | | | | | | | | |
| Alternate Numb | | | | | | + | 9 | 1 | | | | | | | | | | | |
| (Mobile/Landlir | ıe) | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 7. Date of Birth | 7. Date of Birth DDDMMMYYYYY8. Nationality | | | | | | | | | | | | | | | | | | |
| [Please attach | | | | | | | | | | G. State to which you | | | | | | | | | |
| _ | cument for evidence] belong | | | | | | | | | | | | | | | | | | |
| 10. Aadhar Numb | | | | | | | | | | | | | | | | | | | |
| | | | | | | 1 | 1 | 1 | | 1 | | | I | 1 | 1 | 1 | 1 | | 1 |

| | Type of Disability | |
|--|--------------------|------------------|
| 11. If Physically Challenged Candidate [Please attach document for evidence] | | % of Disability: |

| 12. Category [Please Tick Only) | UR | OBC | SC | ST | EWS |
|----------------------------------|----|-----|----|----|-----|
| 12. Category [Flease rick Offig) | | | | | |

| 13. Application Fees | DD No/Online Transaction No. | Amount |
|----------------------|------------------------------|-----------|
| (if Applicable) | | Rs. 500/- |
| | | |

14. Details of Educational Qualifications

| Examination Passed | University/Board/Institution/ Council of Examination | Month, Year of passing | No. of Extra Attempts |
|--------------------------------------|---|------------------------|--------------------------|
| Secondary [10 th] | | | |
| Senior Secondary [12 th] | | | |
| MBBS | | | |
| Any other [] | | | |

15. RMC/NMC Registration

| N 60 1 11 | Period of Service | | | | |
|----------------------|-------------------|----|--|--|--|
| Name of Organization | From | То | | | |
| | | | | | |
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^{*}Bring the original and self-attested photocopies of related documents and publications at the time of Document verification/Interview.

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. In case of any information found to be false/incorrect at a later stage, I shall be bound by the decision of the DEAN, ESIC Medical College & Hospital Alwar / ESI Corporation without prejudice for further action as per law.

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Date: