





महाराष्ट शासन

वैद्यकीय अधिक्षक यांचे कार्यालय,

महाराष्ट्र राज्य कामगार विमा सोसायटी रुग्णालय,

सातपुर, नाशिक — 422 007

Email ID : nashik.esis@gmail.com

दरध्वनी क्र 02532351045/2351114

जा.क./महा-राकावियो/कं.क.आस्था/ कंत्राटी दंतशल्यचिकित्सक/जाहीरात/ 2 419 /2025 दि.**1 6 APR 2005**

प्रति.

मा. अवर सचिव,

माहीती व तंत्रज्ञान विभाग. सामान्य प्रशासन विभाग, 7 वा मजला, मंत्रालय, मंबई- 400 032

> विषय:- महा-रा.का.वि. सोसायटी अंतर्गत वैद्यकीय अधिक्षक, रा.का.वि. रुग्णालय, सातपुर, नाशिक येथे कंत्राटी दंतशल्यचिकित्सक या पदासाठी 1 वर्षाकरीता तात्पुरत्या स्वरुपात कंत्राटी पद्धतीने भरणेसाठी जाहिरात प्रसिद्ध करणेबाबत.

मा. महोदय.

महाराष्ट्र राज्य कामगार विमा सोसायटी अंतर्गत वैद्यकीय अधिक्षक, रा. का. वि. रुग्णालय, सातपुर, नाशिक येथे कंत्राटी दंतशल्यचिकित्सक हे पद 1 वर्षाकरीता तात्पुरत्या स्वरुपात कंत्राटी पद्धतीने भरणेसाठीचा जाहीरातीचा तपशिल सोबत जोडलेला असुन सदरची जाहीरात महाराष्ट्र शासनाच्या www.maharashtra.gov.in संकेतस्थळावर दि.24.04.2025 ते दि.02.05.2025 रोजी पर्यंत उपलब्ध करुन द्यावी ही आपणास नम्रविनंती.

- सोबत- 1. जाहीरातीचा नमुना
 - 2. अर्जाचा नमुना

आपला विश्वास erintendent रा. का.

Medical Superintendant E.S.I.S. Hospital, Satpur, Nashik	Medical S E.S.I.S. Hospi				
r the hospital. 1 the hospital. ate prior to joining. Educational Qualification, P Size).	 Image: Image: Ima	 otc: The selected candidate will have to get him/her self registered under the Dentists Act. 1948 (16 of 1948) Medical Superitendent MH-ESI Society. Hospital may increase or decrease or cancel filling up of any or all the post without assigning any reasons. Selected candidates will have to sign agreement of Terms & Conditions on Rs. 100 stamp paper to be purchased by the candidate prior to joining. In case regular incumbent joints in, the appointment shall be terminated, forthwith as per the condition of the service in the hospital. No TA DA will be admissible for walk in Interviews or joining the post. Selected candidates will have to join on immediately. 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). 	t him/her self regista ty. Hospital may inc actual basis and sele agreement of Terms e appointment shall k in Interviews or jo n immediately. nts (Original and 2 \$ 1948 (16 of 1948).	iote : The selected candidate will have to get him/her self registered under the Medical Superitement MH-ESI Society. Hospital may increase or decre The recruitements are purely on contractual basis and selected candidate Selected candidates will have to sign agreement of Terms & Conditions In case regular incumbent joints in, the appointment shall be terminated. No TA DA will be admissible for walk in Interviews or joining the post. Selected candidates will have to join on immediately. For candidates- Document Requirements (Original and 2 Set of Photoco Self registered under the Dentists Act. 1948 (16 of 1948), Cast Certifica	Note : 1 The selected cand 2 Modical Superiter 3 The recruitements 4 Selected candidate 5 In case regular inc 6 No TA/DA will be 7 Selected candidates 7 Selected candidates 8 Self registered und
Rs.75.000/- per Month for 09.00 am to 04.00 pm	BDS	Up to 30 Year's as on the Date of Interview. (relaxable upto 5 years for ST/SC/OBC/PWD/Ex-Servicemen)	11.00 to 01.00	02.05.2025	Dental Surgeon
EMOLUMENTS	QUALIFICATION	AGE AS ON DATE OF INTERVIEW	TIME OF THE INTERVIEW	DATE OF THE INTERVIEW	DEPARTMENT
) orl Vear on Contract Bo	Walk In Interview For appointment of Part-Time Specialist, Medical Officer (PG) and Medical Officer for Lyper on Contract Basis in Ect Contract Basis in E	Part-Time Specialist	For appointment of I	Walk In Interview
	ANT, HOSPITAL PUR, NASHK- 422 007	OFFICE OF THE MEDICAL SUPERINTENDANT, MH- EMPLOYEES STATE INSURANCE SOCIETY, HOSPITAL OFFICE ADDRESS-ESI SOCIETY, HOSPITAL, TRIAMBAK ROAD, SATPUR, NASHK- 422 007 EMAIL ID- nashik.esis@gmail.com	OFFICE OF EMPLOYEES S DRESS-ESI SOCII	MH-	

The second in



(To be filled by the Candidate Only in Capital Letters)	<u>Affix Recent Pas port</u> Size Colored Photograph
PARTMENT,	Color cu Triolog, upri

3) HEIGHT ------ FEET ----- INCHES------ 4) MARTUAL STATUS

0) ADD(C035

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	EXPERINECE:-
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SR	DESIGNATION	FROM	ТО	DURATION	

15) P	resently	working	as	(Designation)		Name	of
Institut	ion				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

AT-En

Medical Superintendent Maharashtra Employees State Insurance Society Hospital Nashik-7