

**APPLICATION FOR THE POST OF YOGA INSTRUCTOR
UNDER OFFICE OF MEDICAL SUPERINTENDENT
MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY HOSPITAL SOLAPUR
Ph.No. 0217-2601747, Email- solapur.esis@gmail.com**

WALK IN INTERVIEW FOR POST OF YOGA INSTRUCTOR

Details of Posts as below

Name of Office	Posts
ESIS Hospital Solapur	1

Ref :- Letter No. 13106-21 Dated 23/05/2022 of CEO, MH-ESIS Society

Name of Office	Posts to be filled	PT Contractual Yoga Instructor	Date & Time	Open	EWS	SC	ST	VJNT (A)	NT(B)	NT(C)	NT(D)	SBC	OBC
ESIS Hospital Solapur	Yoga Instructor	1	06/06-2022 11 am to 12 pm	-	-	-	1	-	-	-	-	-	-

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

Qualification : Post graduate degree in Yoga (M.A./M.Sc in Yoga) from recognized university.

Age:- Not exceeding 35 years as on dated 06/06/2022 (Age relaxation will be 5 years for SC/ST)

Duty Timing :-

Daily 09.00 to 10.00 am & other timing 01.00 tp 02.00 pm/according to medical superintendent advice.

Leave:- No.

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 by the duly constituted selection committee.
- b) The final selection will be based purely on performance in personal interview.

Remuneration: Rs. 20,000/-

General Condition:

- a) Candidate should be present on dated 06/06/2022 at 11 am to 12 pm with Original certificates & 2 sets of photo copies Matriculations Certificate for age proof, proof of Educational Qualification, Cast Certificate/Non Creamy Layer. 2 Photographs PP size.
- b) No TA/DA will be admissible for interview or Joining.
- c) This appointment will be only on temporary basis and no claim for permanent service, any services like PF, Pension, gratuity, Medical allowances, Seniority, Promotion.
- d) Other terms and conditions will be applicable as issued by Maharashtra government and competent authority from time to time.
- e) Selected candidate shall be appointed on purely contractual basis for the maximum period of 364 days.
- f) Providing Police verification and Medical fitness certificate will be responsibility of this candidate.
- g) 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.

- h) The contractual engagement may be terminated /discontinued on either side after giving one month prior notice to this effect without assigning any reason.
- i) Selected candidates will have to sign agreement of Terms & Condition on Rs. 100/- Stamp paper to purchased by the candidates prior to joining.
- j) Selected candidate will have to join on 07/06/2022.

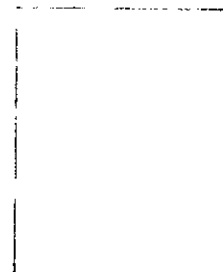
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Medical Superintendent
MH-ESI Society Hotgi Road Solapur

**APPLICATION FOR THE POST OF MEDICAL OFFICER UNDER OFFICE OF
MEDICAL SUPERINTENDENT, SOLAPUR MAHARASHTRA EMPLOYEES
STATE INSURANCE SOCIETY HOSPITAL SOLAPUR**
Ph.No. 0217-2601747, Email- solapur.esis@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 college	University	Duration		Degree/ Examination Passing year	Subject	Percentage of Marks obtained
		From	To			

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: