



क.सा.बी.नि.
ESIC

ಕರ್ನಾಟಕ ಮಾನ್ಯ
ಕರ್ನಾಟಕ ಮಾನ್ಯ ಮಂತ್ರಿತ್ವ ಕಾರ್ಯಾಲಯ,
ಕರ್ನಾಟಕ ಪ್ರಭುತ್ವ
ಕರ್ಮಚಾರಿರಾಜ್ಯಬೀಮಾನಿಗಂ
(ಶ್ರಮಾಂವರೋಜಗಾರಮಂತ್ರಾಲಯ, ಭಾರತಸರಕಾರ)
EMPLOYEES' STATE
INSURANCE CORPORATION
(Ministry of Labour &
Employment, Govt. of India)



सत्यमेव जयते

ಶಾಂಕರಾಂಪುರ್ವೆ ನಗರ
ನೋಂಬಮೂರ್ತಿನಗರ, ಕಾಕಿನಾಡ್-533001
ಇಂಡಿಯಾ ಆರ್ಸಿ ಅಸ್ಪತಾಲ
ಸಂಬಾಮೂರ್ತಿನಗರ, ಕಾಕಿನಾಡ್-533001
ESIC Hospital,
Sambamurthy Nagar, Kakinada-
533001
Email ID: ms-
kakinada.ap@esic.gov.in

No. 521.A/12/12/1/2024-ESTT

Date: 02.02.2026

ADVERTISEMENT NO. 01/2026

WALK-IN INTERVIEW ON 17.02.2026/18.02.2026 FOR THE POST OF SENIOR RESIDENTS/FULLTIME SPECIALISTS ON CONTRACTUAL BASIS

1. Senior Residents on Contractual Basis:

S. No.	Name of Post/Department	UR	OBC	SC	ST	EWS	Vacancy	Date of Interview
1	General Medicine	--	--	01	--	--	01	17.02.2026
2	Anaesthesia	--	--	--	01	--	01	17.02.2026
3	Paediatrics	01	--	--	--	--	01	17.02.2026
4	Orthopaedics	01	--	--	--	--	01	17.02.2026
5	Radiology	--	01	--	--	--	01	18.02.2026
		02	01	01	01	--	05	

Qualification/Eligibility & Experience:

- Post Graduate Degree or Post Graduate Diploma in concerned specialty from recognized university
- Candidates possessing at least 2(Two) years working experience after completing MBBS in concerned specialty/discipline
- Candidates who have already worked as a Senior Resident under Central Residency Scheme for 3 years are not eligible for applying for the post of Senior Resident

Age: Not exceeding 45 years as on date of interview (relaxation as per central government rules).

2. Full time specialists on contract basis for 1-year or till regular incumbent joins whichever is earlier:

S. No.	Name of Post/Department	UR	OBC	SC	ST	EWS	VACANCY	Date of Interview
1	Biochemistry	01	--	--	--	--	01	18.02.2026
2	Microbiology	--	--	--	--	01	01	18.02.2026
3	Accident & Emergency(A & E) (General Medicine)	01	--	--	--	--	01	17.02.2026
	TOTAL	02	--	--	--	01	03	

Essential Qualification: MBBS with PG degree or Equivalent/Diploma in concerned specialty from Recognized University and registered with Medical council of India/State Medical Council with 3(Three) years experience after acquiring PG Degree OR minimum 5(Five) years experience after post graduate Diploma.

Age: Not exceeding 69 years as on date of interview(As per OM. No. U-13/14/38/2020-Med. I(ESIC/SC) dated 01.09.2021).

Application Fee:

a) Amount of Application Fee:

S. No.	Category	Fee Amount
01	SC/ST/Female Candidates, Ex-servicemen & PH candidates	Nil
02	All other categories	500/-

b) Mode of Payment: -

A Demand Draft for Rs.500/- (as applicable) in favour of 'ESI Fund Account No. 1' drawn on any scheduled bank payable at Kakinada has to be submitted along with application form at the time of document verification cum walk-in Interview.

Note:

- (i) Fee once paid will not be refunded under any circumstances.
- (ii) Only Demand Draft drawn on any Scheduled Bank will be accepted. Application fee Paid by any other mode will not be accepted.
- (iii) The Demand Draft must be issued after the date of issue of this advertisement.

Emoluments per month:

- 1) For Full Time Specialists: Consolidated remuneration of Rs. 1,28,630/- per month.
- 2) For Senior Residents: Consolidated remuneration of Rs. 1,28,630/- per month.

Tenure of Contract:

- 1) **For Full Time Specialists:** One year on contract or till regular incumbent joins/till attainment of 70 years of age/completion of 69 years, whichever is earlier. The Contract will be extendable based on satisfactory performance.
- 2) **For Senior Residents:** The tenure of 3 years for Senior Residents is subject to satisfactory performance evaluation on annual basis. No extension beyond 3 years of the tenure.

Selection Procedure:

- (i) The aspiring applicants satisfying the eligibility criteria in all aspects can appear for the walk-in interview as per the date mentioned above.
- (ii) The applications of the candidates submitted on the day of walk in interview along with the requisite fee will be scrutinized by the scrutiny committee of the Hospital and only the eligible Candidates will be allowed to appear for walk in interview before the selection committee. In case, the numbers of applicants are large, the selection committee of the Hospital may devise criteria for short-listing of the candidates which may include holding of a Screening Test.
- (iii) The selection will be made on the basis of performance of the candidate in interview before the Selection Board.
- (iv) Result will be published on the website (www.esic.gov.in/recruitments).
- (v) Selected candidates will have to join immediately after receipt of the offer of engagement.

Terms & Conditions:

1. Vacancy position in respect of above mentioned posts may increase or decrease at the discretion of the Medical Superintendent.
2. The Medical Superintendent reserves the right to fill up all or any of the vacancy / post.
3. **The Medical Superintendent reserves the right to alter the date or cancel the interview without assigning any reason thereof.**
4. **Only the Candidates, whose documents are verified and found eligible for the relevant post will be allowed to attend walk-in interview.**
5. The decision of the selection board will be final in all aspects of selection and no further correspondence will be entertained under any circumstances.
6. The payment of Remuneration shall be guided by instructions on subject from ESIC Hqrs. Office from time to time.

7. Canvassing in any form shall be disqualification
8. Candidates working in any Govt. Institutions should apply through proper channel.
9. In case of serving candidate, No Objection Certificate (NOC) from the present employer shall be produced at the time of interview.
10. Candidate must be registered with State Medical Council/NMC as applicable, before joining the post.
11. Candidates who have already worked as a Senior Resident under Central Residency Scheme for 3 years are not eligible for applying for the post of Senior Resident

12. In case of selection, OFFER OF APPOINTMENT will be issued as per requirement

13. In case of selection the selected candidate may require to sign a contract agreement on the Bond paper of Rs 100/-. The cost of Bond paper shall be bear by the candidate.
14. The contract agreement can be terminated by either party by giving one month written notice to other party. In case of spot resignation of the candidate, amount equivalent to one month remuneration is to be deposited.
15. Upon selection, if the candidate fails to report on or before the stipulated last date of joining, his/her appointment stands cancelled.
16. The engagement shall not confer any right or preference for regular appointment.
17. No claim for any service benefits like PF, Pension, Gratuity, Medical allowances, Medical benefits, Seniority, Promotion etc. will be admissible.
18. The doctors at any time found guilty of any gross misconduct or negligence of his/her duties shall be terminated without any notice or payment in lieu of the notice period.
19. The absence from work for a period of seven days without proper permission of the competent authority will amount to voluntary abandonment of engagement and automatic termination. The Medical Officers are required to mark attendance manually as well as on Aadhar Enabled Biometric Attendance System (AEBAS) daily during scheduled working days.
20. They will also be required to attend emergency, floor duty and other clinical duty as assigned by the Competent Authority.
21. They will also be required to perform duties in other departments as assigned by the competent authority
22. Available on call 24x7
23. Private practice of any kind will not be allowed.
24. Hostel Accommodation / quarters will not be provided
25. No TA / DA will be paid to candidates for appearing in the interview.
26. The engagement can also be short closed before one year if the performance is not found satisfactory or if the vacancy ceases to exist
27. Candidate seeking reservation benefits for SC/ST/OBC must ensure that they are entitled to such reservations per eligibility as prescribed by DOPT(GOI). They should also be in possession of the required certificates in the prescribed format in support of their claim as stipulated in this Notice.
28. OBC candidates should ensure that they are in possession of a valid OBC certificate issued within the due date by the authority mentioned in the format.
29. The candidate claiming reservation/age relaxation on grounds of belonging to OBC should submit the Community Certificate in Annexure "A" prescribed vide Govt. of India, Department of Personnel and Training OM No. 36036/2/2013-Estt (Res), Date 30/05/2014, failing which the benefit of reservation/relaxation will not be given or their application shall be rejected and no request/correspondence will be entertained. Certificates issued in other formats will not be accepted and the candidates will be treated as "General Category" for all purposes.
30. The selected specialist must have a professional indemnity policy which should cover the period as desired by ESIC. The policy is meant to cover the professional liability falling on them as a result of errors and omissions committed by them while rendering professional services. The minimum sum assured per annum should be:
 - Rs 30 lakhs for Anesthesiologists
 - Rs 20 lakhs for General Surgeons, Gynecologists, Obstetricians etc.
 - Rs 10 lakhs for the Physicians, Dentists, Radiologists, Pathologists, Chest(Pulmonologists) etc.
 - A copy of the Insurance & Premium receipt must be submitted within 7 days from the date of engagement.
31. For any further information/candidates are requested to continuously check the website www.esic.gov.in. No further information shall be given through any other sources.

How to apply

- The interview will be scheduled on **17/02/2026 & 18/02/2026**.
- Application shall be downloaded from the ESIC Headquarters website www.esic.gov.in
- Candidates are advised to send hard copy of Application, Resume and all supporting documents in prior, through registered post/in person(to the Medical Superintendent, ESIC Hospital, Sambamurthy Nagar, Kakinada-533001), duly mentioning the subject as "**Application for the post of _____**" by **14/02/2026 - 01.00 PM**.
- Candidates fulfilling the educational qualification and other eligibility conditions should submit their application with one set of self attested copies of the relevant documents (as listed under CHECKLIST on the last page) along-with Annexure 'A' which is available with this document at the time of interview.
- Candidates should report in the office of Medical Superintendent, ESIC Hospital, Sambamurthy Nagar, Kakinada at 9:00 AM on the scheduled dates.(administrative office, 2nd floor)

Reporting time : at 09:00 AM(No Candidate will be considered for interview who fails to report by 09:00 AM on respective date)

Venue of Interview : ESIC Hospital, Sambamurthy Nagar, Kakinada-533001

Documents to be submitted with application in the given following order:-

- i. Curriculum Vitae
- ii. Matriculation certificate as proof of age.
- iii. Permanent Registration with MCI/NMC/State Medical Council.
- iv. MD/DIPLOMA /DNB Degree/MBBS Degree.
- v. Attempt Certificates and Marks Sheet of MD/DIPLOMA /DNB/MBBS.
- vi. Need to submit Experience Certificate, wherever required with proper seal and sign of the issuing authority.
- vii. NOC from present employer, if applicable.
- viii. Caste Certificate(if applicable) in the prescribed format of GOI issued by the Competent Authority of the State/GOI.
- ix. Two recent passport size photographs.
- x. Self attested copy of Aadhaar/other document.
- xi. Annexure 'A', 'B' & 'C'(Please go through full advertisement)
- xii. Annexure D-EWS certificate wherever applicable(Please go through full advertisement)

The detailed advertisement is available on the website of the ESIC www.esic.gov.in/recruitment. The candidates willing to apply for the above posts are advised to refer to the detailed advertisement regarding eligibility criteria and etc. No separate notice in this regard shall be published in newspaper.


FOR MEDICAL SUPERINTENDENT
ESIC HOSPITAL KAKINADA
RAJEEVA NANDAN RAY
चप निदेशक
Deputy Director
क.रा.वी.नि.अस्पताल, काकिनाडा
ESIC HOSPITAL, KAKINADA-533 001

ANNEXURE
“A” APPLICATION
FORM

POST FOR WHICH APPLYING _____

1. NAME (IN BLOCK LETTERS) _____
2. FATHER'S/HUSBAND'S NAME _____
3. DATE OF BIRTH _____
4. CITIZENSHIP _____
5. PERMANENT ADDRESS _____
6. CORRESPONDENCE ADDRESS _____
7. AADHAAR NO. _____
8. E-MAIL _____
9. TELEPHONE & MOBILE NUMBER _____
10. AGE AS ON DATE OF WALK-IN-INTERVIEW: ____ YEARS ____ MONTHS ____ DAYS
11. WHETHER SC/ST/OBC/GENERAL/PH _____
12. EDUCATIONAL/PROFESSIONAL QUALIFICATION:

Please affix a recent color passport size photograph with your signature across.

DEGREE /DIPLOMA /PG DEGREE ETC.	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS
MBBS				
PGDIPLOMA()				
PGDEGREE()				
DNB ()				
ANY OTHER QUALIFICATION				

13. WORK EXPERIENCE:

Sr.No.	Post Held	Institution	Period, Dates (From..... To)	Total Period (In Months/ Year)

14. WHETHER WORKED/WORKING AS SPECIALIST, IF APPLICABLE, IN CENTRAL/STATE

GOVERNMENT (YES OR NO): _____, IF YES,

- i. PERIOD FROM _____ TO _____
- ii. NAME OF ORGANIZATION & ADDRESS _____

15. MCI/STATE REGISTRATION CERTIFICATE NO. _____

16. HAVE YOU EVER BEEN DISMISSED OR PUNISHED: _____

SIGNATURE OF THE CANDIDATE

DECLARATION

I do hereby declare that all the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incomplete/incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled and in the event of any statement / information found false/incorrect even after my appointment, my services are liable to be terminated without any notice.

DATE:

PLACE:

SIGNATURE OF THE CANDIDATE

CHECK-LIST OF ENCLOSURES(SELF ATTESTED):

- i) MATRICULATION CERTIFICATE AS PROOF OF AGE(YES/NO):
- ii) PERMANENT REGISTRATION WITH MCI/STATE MEDICAL COUNCIL(YES/NO):
- iii) MD/DIPLOMA /DNB DEGREE/B.H.M.S.DEGREE/MBBS DEGREE(YES/NO):
- iv) ATTEMPT CERTIFICATES AND MARKS SHEET OF MD/DIPLOMA/DNB/MBBS(YES/NO):
- v) EXPERIENCE CERTIFICATE, WHEREVER REQUIRED(YES/NO):
- vi) NOC FROM PRESENT EMPLOYER, IF APPLICABLE(YES/NO):
- vii) TWO RECENT PASSPORT SIZE PHOTOGRAPHS(YES/NO):
- viii) SELF ATTESTED COPY OF AADHAAR/OTHER DOCUMENT(YES/NO):
- ix) ANNEXURE 'A', 'B' & 'C' (THREE SHEETS PAGE NO.5-8)(YES/NO)

SIGNATURE OF THE CANDIDATE

ANNEXURE 'B'

(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of village/town _____ in District/Division _____ in the _____ State/Union Territory _____ belongs to the _____ Community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____.*

Shri/Smt./Kumari _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections(Creamy Layer)mentioned in column 3 of the Schedule to the Government of India, DOPT. OM No.36012/22/93-Estt.(SCT,) dated 08.09.1993**.

Date _____	District Magistrate/Deputy Commissioner etc.
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Seal of Office

***-The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, In which the Caste of candidate is mentioned as OBC.**

**-As amended from time to time.

Note: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of The People Act,1950.

List of authorities empowered to issue Caste/Tribe Certificate Certificates:

- i. District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/Dy. Collector /1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/ Extra-Assista Commissioner/Taluka Magistrate/Executive Magistrate.
- ii. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- iii. Revenue Officer not below the rank of Tehsildar.
- iv. Sub-Divisional Officer of the area where the candidate and/or his family resides.

Note-I

- i. The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act,1950.
- ii. The authorities competent to issue Caste Certificate are indicated below:-
District Magistrate/Additional Magistrate/Collector/Dy. Commissioner/Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional Magistrate /Taluka Magistrate /Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
- iii. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- iv. Revenue Officer not below the rank of Tehsildar.
- v. Sub-Divisional Officer of the area where the candidate and/or his family resides.

Note II. The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

Note III. The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per **Annexure 'B'** above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

DECLARATION

I do hereby declare that all the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incomplete/incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled and in the event of any statement / information found false/incorrect even after my appointment, my services are liable to be terminated without any notice.

DATE:

PLACE:

SIGNATURE OF THE CANDIDATE

CHECK-LIST OF ENCLOSURES(SELF ATTESTED):

- i) MATRICULATION CERTIFICATE AS PROOF OF AGE(YES/NO):
- ii) PERMANENT REGISTRATION WITH MCI/STATE MEDICAL COUNCIL(YES/NO):
- iii) MD/DIPLOMA /DNB DEGREE/B.H.M.S.DEGREE/MBBS DEGREE(YES/NO):
- iv) ATTEMPT CERTIFICATES AND MARKS SHEET OF MD/DIPLOMA/DNB/MBBS(YES/NO):
- v) EXPERIENCE CERTIFICATE,WHEREVER REQUIRED(YES/NO):
- vi) NOC FROM PRESENT EMPLOYER, IF APPLICABLE(YES/NO):
- vii) TWO RECENT PASSPORT SIZE PHOTOGRAPHS(YES/NO):
- viii) SELF ATTESTED COPY OF AADHAAR/OTHER DOCUMENT(YES/NO):
- ix) ANNEXURE 'A', 'B' & 'C'(THREE SHEETS PAGE NO.5-8(YES/NO)

SIGNATURE OF THE CANDIDATE

ANNEXURE 'C'

FORM OF DECLARATION TO BE SUBMITTED BY THE OBC CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)

I.....Son/daughter of Sh.....resident of
village/town/city.....district.....state.....hereby

Declare that I belong to the community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M.No.36033/3/2004-Estt.(Res.) dated 9th March, 2004, O.M.No.36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27th May, 2013.

Signature:.....

Full Name:.....

Address:.....

Annexure-D

Government of.....
(Name & Address of the authority issuing the certificate)

INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No._____

Date:_____

VALID FOR THE YEAR_____

This is to certify that Shri/Smt./Kumari_____ son/daughter/wife of_____ permanent resident of_____ Village/Street_____

Post Office_____ District_____ in the State/Union Territory

Pin Code_____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income of his/her family*** is below Rs.8 lakh(Rupees Eight Lakh only) for the financial year_____

His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural and above;
- II. Residential flat of 1000 sq.ft. and above;
- III. Residential plot of 100sq.yards and above in notified municipalities;
- IV. Residential plot of 200sq.yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari_____ belongs to the_____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes(Central List)

Signature with seal of Office Name_____
Name_____
Designation_____

Recent Passport Size Attested
photograph of the applicant

*Note1:Income covered all sources ie, salary, agriculture, business, profession, etc.

*Note2: The term "Family" for this purpose include the person, whose benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

*Note 3. The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status