

**ADVERTISEMENT FOR THE POST OF SPECIALIS, PGMO & SENIOR RESIDENTS  
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 SPECIALIST, PGMO & SENIOR RESIDENT on Contractual Basis**

Details of Posts as below

| Name of Office        | Posts |
|-----------------------|-------|
| ESIS Hospital Solapur | 13    |

Ref :- 1- Dated 07/09/2020 of CEO, MH-ESIS Society Mumbai Reg. Part Time Specialists

2. Dated 02/02/2021 of CEO, MH-ESIS Society Mumbai Reg. Resident Specialist Cadre.

3. Dated 17/09/2021 of CEO, MH-ESIS Society Mumbai Reg. 9 to 4 OPD hours and IPD

**Part Time/Full Time Specialist**

(For 9 am to 4 pm OPD and IPD )

| Name of Office        | Posts to be filled | PT/FT Contractual Specialists | Date & Time                        | Open | EWS | SC | ST | VJNT (A) | NT(B) | NT(C) | NT(D) | SBC | OBC |
|-----------------------|--------------------|-------------------------------|------------------------------------|------|-----|----|----|----------|-------|-------|-------|-----|-----|
| ESIS Hospital Solapur | Orthopaedic        | 1                             | 30/09/2025<br>10.00am to 11.00am   | 1    | -   | -  | -  | -        | -     | -     | -     | -   | -   |
|                       | Gynaecologist      | 1                             | 30/09/2025<br>11.00am to 12.00 pm  | -    | -   | -  | -  | -        | -     | -     | -     | -   | 1   |
|                       | Ophthalmology      | 1                             | 30/09/2025<br>12.00 pm to 01.00pm  | 1    | -   | -  | -  | -        | -     | -     | -     | -   | -   |
|                       | General Surgeon    | 1                             | 30/09/2025<br>02.00pm to 03.00pm   | -    | 1   | -  | -  | -        | -     | -     | -     | -   | -   |
|                       | Dermatologist      | 1                             | 30/09/2025<br>03.00 pm to 03 .30pm | 1    | -   | -  | -  | -        | -     | -     | -     | -   | -   |

**PGMO For OPD, IPD and Casualty Work**

| Name of Office | Posts to be filled | PGMO | Date & Time                      | Open | EWS | SC | ST | VJNT (A) | NT(B) | NT(C) | NT(D) | SBC | OBC |
|----------------|--------------------|------|----------------------------------|------|-----|----|----|----------|-------|-------|-------|-----|-----|
|                | General Surgeon    | 1    | 30/09/2025<br>02.00pm to 03.00pm | 1    | -   | -  | -  | -        | -     | -     | -     | -   | -   |

**(Con. Resident Radiologist & Anaesthesiologist)**

| Name of Office        | Posts to be filled         | PT | Date & Time                      | Open | EWS | SC | ST | VJNT | NT(B) | SBC | OBC |
|-----------------------|----------------------------|----|----------------------------------|------|-----|----|----|------|-------|-----|-----|
| ESIS Hospital Solapur | Resident Radiologists      | 1  | 30/09/2025<br>4.30 pm to 5.00 pm | -    | -   | -  | -  | 1    | -     | -   | -   |
|                       | Resident Anaesthesiologist | 1  | 30/09/2025<br>5.00 pm to 5.30 pm | -    | -   | -  | -  | 1    | -     | -   | -   |

**(Con. Part Time Specialist - 04 hours OPD daily)**

**Part Time Specialist For OPD, IPD and Casualty Work**

| Name of Office | Posts to be filled | PT Specialist | Date & Time                        | Open | EWS | SC | ST | VJNT (A) | NT | SBC | OBC |
|----------------|--------------------|---------------|------------------------------------|------|-----|----|----|----------|----|-----|-----|
|                | Gynaecologist      | 1             | 30/09/2025<br>11.00 pm to 12.00 pm | -    | -   | -  | 1  | -        | -  | -   | -   |
|                | Ophthalmologist    | 1             | 30/09/2025<br>12.00 pm to 1.00 pm  | -    | -   | -  | 1  | -        | -  | -   | -   |
|                | General Surgeon    | 1             | 30/09/2025<br>02.00pm to 03.00pm   | -    | -   | -  | -  | -        | 1  | -   | -   |
|                | Pathologist        | 1             | 30/09/2025<br>03.30pm to 04.00pm   | -    | -   | 1  | -  | -        | -  | -   | -   |
|                | Physician          | 1             | 30/09/2025<br>4.00 pm to 4.30 pm   | -    | -   | -  | 1  | -        | -  | -   | -   |

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

**Qualification :**

M.B.B.S with PG Degree from recognized university  
 Junior Specialist Grade II (3 Yrs. Experience Post PG)  
 Senior Specialist Grade – II (5 Yrs. Experience Post PG)

**Age:-**

|                       |   |
|-----------------------|---|
| Part Time Specialists | Should be less than 69 yrs as on Dt. 30/09/2025                 |
| Full Time Specialists | Should be less than 69 yrs as on Dt. 30/09/2025                 |
| PG MO                 | Should be less than 37 yrs as on Dt. 30/09/2025 relaxable for 5 |
| Resident Sepecialist  | Should be less than 69 yrs as on Dt.30/09/2025                  |

**Duty Timing :-**

|                       |   |
|-----------------------|---|
| Part Time Specialists | 6days/week & 24 hrs if opting for emergency charges |
| Full Time Specialists | 24 hrs  |
| PGMO                  | 24 hrs  |
| Resident Sepecialist  | 6days/week & 24 hrs if opting for emergency charges |

**Leave:-**

|                       |    |
|-----------------------|----|
| Part Time Specialists | No |
| Full Time Specialists | No |
| PGMO                  | No |
| Resident Sepecialist  | No |

**Private Practice :-**

|                       |             |
|-----------------------|-------------|
| Part Time Specialists | Allowed     |
| Full Time Specialists | Not Allowed |
| PGMO                  | Not Allowed |
| Resident Sepecialist  | Allowed     |

**Selection Of Procedure:**

Applications are to be submitted in the prescribed Proforma

- Selection will be made on basis of interview of candidate, which will be conducted by the duly constituted selection committee.
- The final selection will be based purely on performance in personal interview.

**Remuneration:**

| Remuneration for Part time Specialist   |                                     | Remuneration for Full time Specialist   | PGMO     |
|---|-------------------------------------|---|----------|
| If not opted emergency charges OR additional Hours  | Rs 85,600/-                         | Junior specialist Grade II (3 yrs experience post PG) Rs. 1,06,000/- per month. | 85,000/- |
| If opted emergency charges for 04 Hours Part time Specialist  | Rs 85600+Rs 12,000/-                |   |          |
| If opted emergency charges for 9 to 4 OPD Part time specialist  | Rs 85600+Rs 15,000/-                |   |          |
| If opted for additional hours   | Rs. 800/- for every additional hrs. |   |          |
| Professional Indemnity Policy :- To convert the professional liability falling on them as a result of error & ommission committed by them while rendering professional Services. Minimum Sum Assured must be Rs. 20 Lakh for all surgeons Rs. 10 Lakh for all non surgeons. |                                     | Senior specialist Grade II (5 yrs experience post PG) Rs. 1,23,000/- per month. |          |

**General Condition:**

- a) Interview will be conducted on dated 30/09/2025 at 10 am to 06.00 pm at "OFFICE OF MEDICAL SUPERINTENDENT, ESIS HOSPITAL, HOTGI ROAD SOLAPUR - 413003." Candidate should be present at Interview with Original certificates & 2 sets of photo
- 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) If candidate wishes to resign, candidate should give one month notice, and no experience certificate will be provided after resignation for the service in that period.
- f) Selected candidate shall be appointed on purely contractual basis for the maximum Period of 364 days.
- g) Providing Police verification and Medical fitness certificate will be responsibility of this candidate.
- h) 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.
- i) The contractual engagement may be terminated /discontinued on either side after giving one month prior notice to this effect without assigning any reason.
- j) Knowledge of Marathi Language and Handling of Computer is essential.
- k) Reservation for various categories will be executed as per GOM Rules, if the candidates of the respective category is not available the post will be filled in by candidate of any category in Merit List
- l) Candidate should also be in possession of the certificates in the prescribed format in support of their Claim. Candidate claiming reservation under OBC Category should submit the latest Non-Cremy Layer Certificate along with self-declaration.
- m) Selected candidates will have to sign agreement of Terms & Condition on Rs. 100/- Stamp paper to purchased by the candidates prior to joining.
- n) Each selected candidate have to give security deposit money equal to one month salary.

  
Medical Superintendent  
MH-ESI Society Hotgi Road Solapur

**APPLICATION FOR THE POST OF SPECIALIST 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 Specialist**

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 &<br>address of<br>colledge | University | Duration |    | Degree/<br>Examination<br>Passing year | Subject | Percentage<br>of Marks<br>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:**

APPLICATION FOR THE POST OF PGMO 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 PGMO**

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 &<br>address of<br>colledge | University | Duration |    | Degree/<br>Examination<br>Passing year | Subject | Percentage<br>of Marks<br>obtained |
|----------------------------------|------------|----------|----|--|---------|------------------------------------|
|                                  |            | From     | To |  |         |                                    |
|                                  |            |          |    |  |         |                                    |
|                                  |            |          |    |  |         |                                    |
|                                  |            |          |    |  |         |                                    |

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**Place:**

**Signature of Candidate**

**Date:**

APPLICATION FOR THE POST OF RESIDENT SPECIALIST 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 Resident Radiologist**

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 &<br>address of<br>colledge | University | Duration |    | Degree/<br>Examination<br>Passing year | Subject | Percentage<br>of Marks<br>obtained |
|----------------------------------|------------|----------|----|--|---------|------------------------------------|
|                                  |            | From     | To |  |         |                                    |
|                                  |            |          |    |  |         |                                    |
|                                  |            |          |    |  |         |                                    |
|                                  |            |          |    |  |         |                                    |

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**Place:**

**Date:**

**Signature of Candidate**

APPLICATION FOR THE POST OF RESIDENT SPECIALIST 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 Resident Anaesthesiologist**

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 &<br>address of<br>colledge | University | Duration |    | Degree/<br>Examination<br>Passing year | Subject | Percentage<br>of Marks<br>obtained |
|----------------------------------|------------|----------|----|--|---------|------------------------------------|
|                                  |            | From     | To |  |         |                                    |
|                                  |            |          |    |  |         |                                    |
|                                  |            |          |    |  |         |                                    |
|                                  |            |          |    |  |         |                                    |

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**Place:**

**Signature of Candidate**

**Date:**