

DIRECTORATE OF EMPLOYEES STATE INSURANCE SCHEME, ODISHA
AT-PLOT NO.A/122, UNIT-8, NAYAPALLI, BHUBANESWAR
PHONE NO.0674-2392497: e-Mail directoresis@gmail.com

No. 5883 /DESI
 FE-II-204/2022

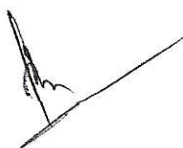
Dated.07/06/2023

ADVERTISEMENT NOTICE INVITING APPLICATIONS FROM RETIRED GOVERNMENT
 PHARMACIST, STAFF NURSE, LABORATORY TECHNICIAN & RADIOGRAPHER FOR RE-
 ENGAGEMENT AS SUCH AT DIFFERENT LOCATIONS UNDER THE DIRECTORATE OF ESI
 SCHEME, GOVERNMENT OF ODISHA, AS MENTIONED BELOW ON CONSOLIDATED
 MONTHLY REMUNERATION IN TERMS OF FINANCE DEPARTMENT O.M. NO.24533/F,
 DATED 29/09/2022

Date of commencement of downloading the details on re-engagement	09/06/2023
Last date and time for submission of application	23/06/2023, TIME- UPTO 05 P.M.
Mode of submission of application	Speed post/Registered post only. (Submission through any other mode shall be treated as invalid & shall be rejected.)
Envelope containing application to be superscribed for the post as well as location.	Application FOR THE POST OF FOR ESI HOSPITAL/DISPENSARY- (i)..... (ii) (iii)
Application Form to be sent	THROUGH REGISTERED POST/SPEED POST ONLY ADDRESSED TO THE DIRECTOR, ESI SCHEME, ODISHA, AT-A/122, UNIT-8, NAYAPALLI, BHUBANESWAR-751012.

**DETAILS OF POSTWISE / INSTITUTIONWISE REQUIREMENT OF RETIRED
 EMPLOYEE FOR ENGAGEMENT**

PROPOSED PLACE OF RE-ENGAGEMENT FOR THE POST OF <u>PHARMACIST</u> :	01. ESI HOSPITAL, KANSABAHAL	-01 No.
	02. ESI HOSPITAL, JKPUR (Rayagada)	-01 No.
	03. ESI HOSPITAL, BHUBANESWAR	-01 No.
	04. ESI HOSPITAL, CHOUDWAR	-02 Nos.
	04. ESI DISPENSRY, BRAJARAJNAGAR (Belpahar)	-01 No.
	05. ESI DISPENSRY, CHHENDIPADA	-01 No.
	06. ESI DISPENSRY, KANIHA	-01 No.
	07. ESI DISPENSRY, ANGUL	-04 Nos.
	08. ESI DISPENSRY, RAJGANGAPUR	-02 Nos.
	09. ESI DISPENSRY, RAJABAGICHA	-01 No.
	10. ESI DISPENSRY, MERAMUNDLI	-01 No.
	11. ESI DISPENSRY, JAGATPUR	-01 No.
	12. ESI DISPENSRY, HIRAKUD	-01 No.



Contd...P-2

PROPOSED PLACE OF RE-ENGAGEMENT FOR THE POST OF STAFF NURSE :	01. ESI HOSPITAL, JKPUR (Rayagada)	-03 Nos.
	02. ESI DISPENSRY, MERAMUNDALI	-01 No
	03. ESI HOSPITAL, BHUBANESWAR	-09 Nos.
	04. ESI HOSPITAL, CHOUDWAR	-09 Nos
	05. ESI HOSPITAL, KANSABAHAL	-03 Nos.
	06. ESI DISPENSRY, BRAJARAJNAGAR (Belpahar)	-04 Nos.
	07. ESI DISPENSRY, ANGUL	-05 Nos.
	08. ESI DISPENSRY, BALASORE	-01 No.
	09. ESI DISPENSRY, BALGOPALPUR	-01 No.
	09. ESI DISPENSRY, BARBIL	-01 No.
	10. ESI DISPENSRY, CHENDIPADA	-01 No.
	11. ESI DISPENSRY, BHADRAK	-01 No.
	12. ESI DISPENSRY, RAJGANGPUR	-04 No.
	13. ESI DISPENSRY, F.C.I COLONY	-01 No.
	14. ESI DISPENSRY, DHENKANAL	-01 No
	15. ESI DISPENSRY, KHUNTUNI	-01 No.
	16. ESI DISPENSRY, HIRAKUD	-01 No.
	17. ESI DISPENSRY, KHAPURIA	-01 No.
	18. ESI DISPENSRY, ROURKELA-4	-01 No.
PROPOSED PLACE OF RE-ENGAGEMENT FOR THE POST OF LABORATORY TECHNICIAN :	01. ESI HOSPITAL, JKPUR (Rayagada)	-02 Nos.
	02. ESI HOSPITAL, BHUBANESWAR	-05 Nos.
	03. ESI DISPENSRY, JHARSUGUDA	-01 No.
	04. ESI DISPENSRY, JAJPUR ROAD	-01 No
	05. ESI DISPENSRY, RAJGANGAPUR	-01 No.
	06. ESI DISPENSRY, ROURKELA	-01 No.
	07. ESI DISPENSRY, SAHEEDNAGAR	-01 No.
	08. ESI HOSPITAL, KANSABAHAL	-01 No.
	09. ESI DISPENSRY, ANGUL	-03 Nos.
	10. ESI DISPENSRY, BARDOL	-01 No.
	11. ESI DISPENSRY, BERHAMPUR	-01 No.
	12. ESI DISPENSRY, BRAJARAJNAGAR (Belpahar)	-01 No.
	13. ESI DISPENSRY, BRAHMANIPAL	-01 No.
	14. ESI DISPENSRY, BALASORE	-01 No
PROPOSED PLACE OF RE-ENGAGEMENT FOR THE POST OF RADIOGRAPHER :	01. ESI HOSPITAL, JKPUR (Rayagada)	-02 Nos.
	02. ESI HOSPITAL, BHUBANESWAR	-02 Nos.
	03. ESI HOSPITAL, KANSABAHAL	-01 No.
	04. ESI HOSPITAL, CHOUDWAR	-02 Nos.

Essential Requirement of the documents (self-attested) to be submitted:

- 1) Filled-in application Form. (Annexure-1)
- 2) Proof on Date of Birth.
- 3) Educational Qualification/Technical Qualification.
- 4) Retirement Notice received from the last place of posting.
- 5) Photo copy of Adhar card.
- 6) One passport size photograph.
- 7) Undertaking/declaration. (Annexure-2)

Contd...P-3

ANNEXURE- I

APPLICATION FORM

FOLLOWING PARTICULARS TO BE FILLED-UP IN BLOCK LETTERS ONLY

- 1) Name of the post applied for :
- 2) Name of the applicant :
- 3) Father's/Spouse name :
- 4) Date of birth :
- 5) Corresponding address of the applicant :
- 6) Mobile No./e-Mail id :
- 7) Aadhar No. :
- 8) Willingness to work at ESI Hospital/Dispensary: (Place to be mentioned)-(i)
(ii)
(iii)

SIGNATURE OF THE APPLICANT

NAME-

DATE-

ADDRESS-

(All papers/documents attached are to be self-attested with date)

NB: Undertaking to be submitted separately as per ANNEXURE-2:

ANNEXURE- II

UNDERTAKING

"I, do hereby declare that no departmental proceeding or any criminal proceeding is pending against me and I have not been penalised for any misconduct during my service career"

SIGNATURE OF THE APPLICANT

