



**OFFICE OF THE STATE MEDICAL COMMISSIONER
EMPLOYEES' STATE INSURANCE CORPORATION
MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA
10-B (RADHA BHAWAN), SHASTRI NAGAR, JAMMU-180004.
Phone: -0191-2436846**

E-mail:- smc-jk@esic.nic.in Website: www.esic.nic.in, www.esicjk.org

**ADVERTISEMENT FOR THE EMPANELMENT OF
MEDICAL PRACTITIONERS FOR J&K STATE**

Employees' State Insurance Corporation is a social security organization working under Ministry of Labour & Employment, Govt. of India which provides cash benefits to the workers registered under the ESI Act, in case of sickness, maternity, disablement and death due to employment injury & medical care to the insured persons and their families.

ESIC is in the process of extending its coverage to new areas in Jammu & Kashmir. In order to ensure primary medical care to the ESI beneficiaries in newly implemented areas, SMC, Jammu intend to empanel private medical officers/ retired medical officers/ private hospitals for providing medical care under ESI terms and conditions. Details can be taken from Office of the State Medical Commissioner, Regional Office, ESI Corporation, 10-B Shastri Nagar, Jammu or nearest ESI Branch Office. Interested doctors/ private hospitals in the following areas may apply. The details can be downloaded from the website or can be obtained from the office of the State Medical Commissioner or nearest branch office and can be mailed or sent by post upto 25.8.2017.

The State Medical Commissioner

The envelop should be with a superscription “**For empanelment of Medical Practitioner**”

District wise locations:

Jammu Division:

1 .Jammu District : Katra

TERMS & CONDITIONS:

1. Qualification: Minimum qualification is MBBS or any other equivalent qualification recognized by the Medical Council of India.
2. Age: should be less than 67 years at the time of entry. Age for continuation as IMP should not exceed 70 years. Maximum age of IMP will be 70 years and must be declared medically fit by medical officer of ESI/Govt. Hospital/ Dispensary.

INFRASTRUCTURE REQUIREMENT IN CLINIC

The clinic should have

1. Space for waiting
2. Consultation and examination room
3. Dispensing room/ area
4. Faculty for basic investigation
5. Toilet

The Insurance Medical Practitioner (IMP) must have a computer with internet facility.
The IMP must have minimum prescribed surgical and medical equipment
The IMP must have a minimum of 2 contact numbers, one of which must be a mobile phone.

TENURE:

Contract period of IMP shall be for one year, renewable every year, for a maximum period of three years. In exceptional cases, this may be extended to five years.

TERMS OF SERVICE:

- 1) All insured persons and their dependent family members attached to him.
- 2) Any insured person or his dependent that needs treatment in case of an accident or any other emergency.

DUTIES AND FUNCTIONS:

Working Days: 6 days a week excluding Sunday and National Holidays

Working hours: Total number of working hours 7

3 hours in the morning session 8 a.m to 11 am. or 9 a.m to 12 noon

3 hours in the evening session 5 p.m to 8 p.m or 6 p.m to 9 p.m

1. To provide medical treatment to insured persons and their family.
2. To provide essential medicines in the clinic as per the list provided in ESIC/ ESI State Medical Directorate.
3. To refer the IPs to ESI Hospital or Govt. Hospital when the condition of the IP is not within the capacity of IMP.
4. He shall issue medical certificates, free of charge, for sickness, maternity, employment injury and death etc.
5. To maintain monthly record of patients visit, distribution of medicine stock register etc and send monthly reports to the concerned authorities.

REMUNERATION:

Rs.500/- per IP family per annum

APPLICATION

Applications can be downloaded through website (www.esic.nic.in) and they may be submitted to the following address:

The State Medical Commissioner
ESI Corporation
Regional Office
10-B Radha Bhawan
Shastri Nagar
jammu-180004
Jammu & Kashmir
State Medical Commissioner

**FORMAT OF APPLICATION FOR USE OF CANDIDATES FOR INCLUSION IN
MEDICAL LIST AS INSURANCE MEDICAL PRACTITIONER UNDER THE
EMPLOYEES' STATE INSURANCE SCHEME**

1. Name in full (in block letters) _____
2. Date of Birth _____
3. Sex _____
4. Name of spouse if married _____
5. Next of kin/Nominee _____
6. Medical qualification and other post graduate qualification :-

University /Examination Board	Particulars of Qualification	Date of Examination

7. (a) MCI/State Medical Council registration no: _____
8. Full residential address _____

9. Email Id: _____ Phone nos. _____

10. Full address of Clinic _____

11. Distance between notified area and clinic _____
12. Date from which practicing in the locality _____
13. Accommodation in Clinic _____

Room	Area in Sq.ft.	Function

14. Do you have: (1) A separate Consultation Room?
(2) Space where patients can wait?
(3) Your own dispensing arrangements?
(4) A lab facility?
(5) A toilet
(6) A computer with or without internet facility?

15. Clinic _____ Timings _____
16. Availability of ancillary staff in Dispensary/Clinic ?

Designation	Full Time	Part Time

17. Have you ever been debarred/ penalized by the MCI/State Medical Council?
18. If selected on the Medical List, how many insured persons are you prepared to have on your list (Max: 2000)
19. Status of clinic (please tick)
 1. Self owned
 2. Rented
20. State equipment and appliances maintained in your dispensary as per attached list.
21. Experience as General Medical Practitioner* :

Period		Address of the Clinic
From	To	

** The applicant should have at least experience of 2 years as general practitioner.

22. Whether you were previously an IMP under ESI Scheme? If so, please state Code no. and reason for withdrawal of name from Medical List.
23. Have you applied previously? if so, what date, month and year?

Documents required to be attached:

- (a) Registration Certificate
- (b) Diploma or Degree certificate
- (c) SSC/School leaving certificate showing date of birth
- (d) Proof of documents showing ownership/tenancy of the clinic. (Ownership papers, rent receipt, rent agreement, electricity bill and water connection bill.)
- (e) All copies of above documents are to be self attested before submission.

DECLARATION

I, _____, a candidate for inclusion in the Medical List as an Insurance Medical Practitioner under the Employees' State Insurance Scheme declare that the particulars given above are true and correct to the best of my knowledge and belief. I have read and understood the terms & conditions of service and agree to abide by them if included in the Medical List.

Date& Place:

Signature

FOR OFFICIAL USE

Recommendation of the Allocation Committee Chairman

Allocation Committee

Approval of the Competent Authority, ESI Scheme Competent Authority

ESI Scheme

MEDICAL FITNESS CERTIFICATE FOR IMP

(To be issued by IMO, ESI Dispensary/ Hospital/Govt. Hospital)

Certified that I have examined Mr./Ms.....
S/o/D/o/W/o and found him/her medically fit for the
assignment of Insurance Medical Practitioner under ESI Scheme. His/ her age as per the
documents is years and physically appears years of age.
The signature of doctor is attested below:

.....
Signature of IMP

.....
Signature attested

Date:-`

Signature of IMO
Stamp of the IMP