



कर्मचारी राज्य बीमा निगम

Office of the Sr. State Medical Commissioner(N.E.R)
Employees' State Insurance Corporation

Panchdeep Bhawan, MRD Road, Bamunimaidam, Guwahati-781021
(Ministry of Labour & Employment, Government of India)

E-Mail: smc-as@esic.in

(Phone No.0361-2650705, Website: esicner.in)

ADVERTISEMENT FOR THE EMPANELMENT OF MEDICAL PRACTITIONERS FOR TRIPURA STATE

Employees' State Insurance Corporation is a social Statutory Organization working under the control of 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 the process of extending its coverage to new areas in TRIPURA. In order to ensure primary medical care to the ESI beneficiaries in newly implemented areas, SSMC, NER intend to empanel private medical officers/retired medical officers/private hospitals for providing medical care under ESIC terms and conditions. Details can be had from O/o Senior State Medical Commissioner, Regional Office, ESI Corporation, M.R.D.Road, Bamunimaidam, Guwahati-781021 or nearest Branch Office. Interested Doctors/Private Hospitals in the following areas may apply in plain paper/mail within 30 days with contact details and location to:

The Senior State Medical Commissioner,
Regional Office,
ESI Corporation,
M.R.D.Road,
Bamunimaidam,
Guwahati-781021

Email: smc-as@esic.in

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

Location where IMP is to be Implemented:

1. Ambassa
2. Bishramganj
3. Khowal
4. Udaipur
5. Kailashahar
6. Belonia
7. Dharmanagar

N.B: The Location given above may increase as per the report of the ongoing survey by ESIC, Regional Office, Guwahati.

TERMS & CONDITIONS:

1. Qualification: Minimum qualification is MMBS or any degree equivalent qualification recognized by 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 medically fit by medical officer of ESI 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 a 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 dependant that needs treatment in case of an accident or any other emergency.
- 3.

DUTIES AND FUNCTIONS:

Working Days: 6 days a week excluding National Holidays

Working Hours: Total number of working hours 7

3 hours in the morning 8 AM to 11 AM or 9 AM to 12 Noon

3 hours in the evening 5 PM to 8 PM or 6 PM to 9 PM

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 or 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.300/- per IP family per annum.

APPLICATION

Applications can be downloaded through website www.esicner.in and they may be submitted to the following address within 30 days from the date of publication:

The Senior State Medical Commissioner,
Regional Office,
ESI Corporation,
M.R.D.Road,
Bamunimaidam,
Guwahati-781021

Sd/-

Sr. State Medical Commissioner (NER)

**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 Examinations	Date of Examinations

7. a) MCI/State Medical Council registration No. _____

8. Full residential address _____

9. Email ID: _____ Phone No. _____

10. Full Address of clinic _____

11. Distance between notified area and clinic_____

12. Date from which practicing in the locality_____

13. Accommodation in Clinic _____

14.

Room	Area in sq. feet	Function

15. 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?

16. Clinic timing _____

17. Availability or ancillary staff in Dispensary/Clinic?

Designation	Full Time	Part Time

18. Have you ever been debarred/ penalized by the MCI/State Medical Council?

19. If selected on the Medical List, how many insured persons are you prepared to have on your list (Max: 2000)

20. Status of clinic(please tick)

1. Self Owned
2. Rented

21. State equipment and appliances maintained in your dispensary as per attached list.

22. 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

23. Whether you were previously an IMP under ESI Scheme? If so, please state Code No. and reason for withdrawal of name from Medical List.

24. 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 agreements, 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:

Signature

Place:

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)

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

.....
Signature of IMP

.....
Signature attested

Date

Signature of IMP
Stamp of the IMP