



कर्मचारी राज्य बीमा निगम, आदर्श अस्पताल  
**Employees' State Insurance Corporation Model Hospital**  
(Ministry of Labour & Employment, Govt. of India)  
Beltola, Guwahati -781 022  
Tel/Fax No. 0361-2360085/2361082 E-mail: [mh-guwahati.esic@nic.in](mailto:mh-guwahati.esic@nic.in)

No. No.432-U-16/13/1/2004- ISM

Date: 24.08.2015

**Invitation of proposal for providing Yoga Instructor in ESIC Model Hospital, Beltola**

Proposal is invited from the reputed/ recognized nonprofit earning Yoga Institutions/ NGO for providing qualified Yoga Instructor on part time basis for imparting yoga training to ESIC Beneficiaries in this Hospital on the following terms & conditions:-

1. The Yoga instructor should preferably possess the following qualifications and experience:-

Qualification	Experience
A full time regular M.A (Yoga)/ MSc (Yoga) from a Recognized University	Nil
OR	
Degree in Yoga from a recognized University	Nil
OR	
Any Degree with full time regular one year Diploma in yoga (after degree) from a recognized University or an institute	One year (Professional experience)

2. The institution will be responsible for providing qualified Yoga Instructor to ESIC Model Hospital, Beltola. No, individual Yoga Instructor will be appointed i.e. it is contract for service instead of contract of services.
3. The Yoga Instructor engaged through these institutes shall perform 3 Hours duty for conducting Yoga class on each working day of Hospital i.e. Monday to Saturday.
4. The monthly remuneration for Yoga Instructor will be Rs. 10,000/- (Rs. Ten thousand) and payment will be made to the Yoga Institutions/ NGO.
5. Initially Yoga Instructor shall be engaged for one year but can be extended on yearly basis up to three years.

Interested Yoga Institutions are requested to submit their proposal alongwith Bio-data of yoga Instructors to be provided to this Hospital as well as experience of the institution in the relevant field latest by 15.09.2015 in this office upto 1.00 P.M. Envelope containing the proposals will clearly mention the "Proposal for providing Yoga Instructor".

The interested yoga institution may be asked to make a presentation of their plan in this regard before a committee constituted for this purpose. No fee/ charges shall be paid for this presentation. This organization reserves the full right to terminate the engagement process at any stage without assigning any reason and without any prior notice.

Any query in this regard can be obtained from the office of the Medical Superintendent.

**Medical Superintendent**



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**PERFORMA OF APPLICATION FOR THE POST OF YOGA INSTRUCTOR**

1	Name of Institution				
2	Registration No. If any				
3	Date of formation				
4	Experience in the field				
5	Name of the Instructor				
6	Educational Qualifications of the instructor to be provided				
	Degree/ Diploma	Year of passing	University	% of Marks	Experience
7	Present Address				
8	Permanent Address				
9	Contact No.				

**SIGNATURE OF AUTHORISED SIGNATORY**

**Photocopies of following documents, as applicable**

Bio-data of the candidates proposed to be sent as Yoga Instructor along with supporting copies of qualification, date of birth, experience etc.