



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt of India)



पंचदीप भवन, सी० आई० जी० मार्ग, नई दिल्ली
Panchdeep Bhawan, CIG Marg, New Delhi-02
Email : jd-rectt@esic.nic.in
Website : www.esic.nic.in

NOTICE

CONDUCT OF TEST FOR RECRUITMENT TO THE POST OF INSURANCE MEDICAL OFFICER GRADE II -2021

The Part-I Written Examination (Computer Based Test) for recruitment to the post of Insurance Medical Officer Grade II -2021 is scheduled to be held on **30th March, 2022 (Wednesday)**.

THE LINK FOR DOWNLOADING CALL LETTER FOR APPEARING IN THE ABOVE EXAMINATION SHALL BE MADE AVAILABLE SHORTLY ON ESIC WEBSITE www.esic.nic.in .

As per Govt. of India, Ministry of Social Justice & Empowerment OM F. No. 34-02/2015-DD-III, dated: 29th August, 2018 - **"the candidate should have the discretion of opting for his own scribe/reader/lab assistant or request the Examination Body for the same."**

As per above O.M. dated: 29th August, 2018 in case the candidate is allowed to bring his/her own scribe, the qualification of the Scribe should be one step below the qualification of the candidate taking examination.

In case it is found that the qualification of the Scribe brought by the candidate is not one step below the qualification of the candidate taking examination, the candidature of the candidate shall be summarily rejected.

Accordingly, PWD candidates appearing in the above examination are advised that in case they need the assistance of Scribe, they have the discretion of (1) **Opting for their Own Scribe** or (2) **they can make a request (through email/telephone/written application/personal visit) to the ESIC Regional Office of the State in which their Exam. Center is situated for providing Scribe by 20.03.2022.**

The facility of scribe shall be given only to persons with benchmark disabilities in the category of **cerebral palsy**, if so desired by the person. PWD candidates suffering from cerebral palsy shall have to inform this office via email jd-rectt@esic.nic.in by 20.03.2022 in case they bring their own scribe.

For other category of persons with benchmark disabilities, the provision of scribe can be allowed on production of a certificate to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on his behalf, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution as per prescribed proforma appended at Annexure – B.

Candidates can also make a request via email/telephone at jd-rectt@esic.nic.in/Tel. No. **011-23219513** for providing Scribe **by 20.03.2022.**

The addresses and email ids of the concerned Regional Directors are appended below at Annexure 'A'.

Appended Page No. 2 is '**Scribe Declaration Form**' to be submitted by the candidate using their own Scribe on the day of examination at Examination Center.

All the candidates are hereby requested to visit ESIC website www.esic.nic.in for further updates.

Dated: 10.03.2022

DY. DIRECTOR (RECTT.)

SCRIBE DECLARATION FORM

We, the undersigned, Shri/Smt/Kum. _____ eligible candidate having qualification _____, Post Applied for _____ and Shri/Smt/Kum. _____ eligible writer (Scribe) having qualification _____ for the eligible candidate, do hereby declare that :

1. The scribe is identified by the candidate at his/her own cost and as per own choice.
2. **In case it is found that the qualification of the Scribe brought by the candidate is not one step below the qualification of the candidate taking examination, the candidature of the candidate shall be summarily rejected. In such case the candidate shall forfeit his/her right to the post and claims relating thereto.**
3. The candidate has physical limitation which hampers his/her writing capabilities owing to his/her disability and she/he needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
4. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
5. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Point 3 above.
6. **The candidate has ensured that the scribe is not a candidate for the same recruitment exercise.**
7. **The scribe has ensured that he/she is not appearing in the same recruitment exercise.**
8. All the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant (both the candidate as well as scribe in case he/she has appeared in the same examination) will stand cancelled, irrespective of the result of the examination. If any of these shortcoming(s) is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

I, _____ (Scribe) certify that I am not a candidate for this recruitment.
(Name of Scribe)

I, _____ the candidate for this recruitment certify that I have ensured that the above
(Name of candidate)
scribe is not appearing for this recruitment.

Given under are our signature and contact details: -

	SCRIBE	CANDIDATE
	Signature:	Signature:
	Name:	Name:
	Qualification:	Qualification:
	Address:	Address:
Photo of the Scribe	Contact No.:	Contact No.:

Signature of Invigilator

ANNEXURE-‘A’

Sl. No.	Name of the ESIC Region/State in which the candidate is to be admitted in the Online Examination	Address & Contact Number of ESIC Regional Director for making request for Scribe	Email Id for making request for Scribe
1.	Andhra Pradesh	48-7-32A, Panchdeep Bhawan, ESIC Road, Gunadala, Vijaywada-520004 Andhra Pradesh Contact No. 0866-2453498	rd-andhrapradesh@esic.nic.in
2.	Assam (For all North East Regions)	ESI Corporation, Panchdeep Bhawan, M.R.D. Road P.O. BamuniMaidan, Guwahati-781021. Assam. Contact No. 0361-2550357	rd-assam@esic.nic.in
3.	Bihar	ESI Corporation, Panchdeep Bhawan, J.L. Nehru. Marg near Income Tax Circle Patna-800001 (Bihar). Contact No. 0612-2521928	rd-bihar@esic.nic.in
4.	Chhattisgarh	ESI Corporation, 107, Ram Nagar Road, Jagannath Chowk, Kota,Raipur-492010 Chhattisgarh Contact No. 0771-2254589	rd-cgarh@esic.nic.in
5.	Delhi (including Meerut, Noida, Greater Noida, Ghaziabad)	ESI Corporation, DDA Complex cum Office, 3 rd & 4 th Floor, Rajendra Place, Rajendra Bhawan, New Delhi – 110 008 Contact No.011-25734381,25745044	rd-delhi@esic.nic.in
6.	Goa	ESI Corporation, Panchdeep Bhawan, 3rd floor, EDC Plot No. 23, Patto, Panji, Goa-403001 Contact No. 0832-2438870	rd-goa@esic.nic.in
7.	Gujarat	ESI Corporation, Panchdeep Bhawan, Income Tax Circle Ashram Road, Ahmedabad-380014 (Gujarat). Contact No. 079-27582400/450	rd-gujrat@esic.nic.in
8.	Haryana	ESI Corporation, Panchdeep Bhawan, Sector-16, Faridabad-121002, Haryana Near Laxmi Narayan Mandir Contact No. 0129-2222980	rd-haryana@esic.nic.in
9.	Himachal Pradesh	ESI Corporation, ESIC Regional Office Housing Board, Phase 1, Sai Road, Baddi Distt Solan -173205. Himachal Pradesh Contact No. 01795-245961	rd-hp@esic.nic.in

10.	Jammu & Kashmir	ESI Corporation, Regional Office, 10-B, Radha Bhawan, Shastri Nagar, Jammu – 180 004 (J & K). Near Nirankari Bhawan Contact No. 0191-2435136	rd-jnk@esic.nic.in
11.	Jharkhand	ESI Corporation, Regional Office, Panchdeep Bhawan, Namkum, Ranchi-834010 (Jharkhand). Contact No. 0651-2960319	rd-jharkhand@esic.nic.in
12.	Karnataka	ESI Corporation, Regional Office Karnataka Panchdeep Bhawan, No.10, Binnyfields, Tank Bund Road (next to ETA Mall, Near Binny Mills), Binny Pet, Bangalore-560023. Karnataka Contact No. 080-26742485	rd-karnataka@esic.nic.in
13.	Kerala	ESI Corporation, Panchdeep Bhawan, North Swaraj Round, Thrissur – 680020 (Kerala) Contact No. 0487-2331080/2331351/ 2331412	rd-kerala@esic.nic.in
14.	Madhya Pradesh	ESI Corporation, Panchdeep Bhawan, Nanda Nagar, Indore-452011 Madhya Pradesh. Contact No. 0731-2550485	rd-mp@esic.nic.in
15.	Maharashtra	ESI Corporation, Panchdeep Bhawan, 108, N. M. Joshi Marg, Lower Parel, Mumbai – 400013 (Maharashtra) Contact No. 022-61209700/742/760	rd-maharashtra@esic.nic.in
16.	Orissa	ESI Corporation, Regional Office, Panchdeep Bhawan, Plot C, Unit – IX, Janpath Bhubaneswar-751022 (Orissa). Contact No. 0674-2546380	rd-orissa@esic.nic.in
17.	Puducherry (including examination centre in Port Blair)	Regional Office : Puducherry Employees' State Insurance Corporation ESIC Complex, Bouvankare Street Mudaliarpur, Puducherry-605004 Phone: 0413-2357642	rd-pondi@esic.nic.in
18.	Punjab	ESI Corporation, Panchdeep Bhawan, Plot No.3, Sector - 19-A, Madhya Marg, Chandigarh-160020. Contact No. 0172-2544126	rd-punjab@esic.nic.in
19.	Rajasthan	ESI Corporation Panchdeep Bhawan Regional Office, Bhawani Singh Marg, Jaipur – 302001 (Rajasthan). Contact No. 0141-2989581	rd-rajasthan@esic.nic.in

20.	Tamil Nadu	ESI Corporation, Panchdeep Bhawan, 143, Sterling Road, Nungambakkam, Chennai – 600034 (Tamil Nadu) Contact No. 044-28306300	rd-tamilnadu@esic.nic.in
21.	Telangana	ESI Corporation, Panchdeep Bhawan, 5.9.23, Hill Fort Road, Adarsh Nagar Hyderabad-500063. Contact No. 040-23232356/57/58/59	rd-telangana@esic.nic.in
22.	Uttar Pradesh	ESI Corporation, Panchdeep Bhawan, Sarvodaya Nagar, Kanpur-208005, Uttar Pradesh. Contact No. 0512-2217957	rd-up@esic.nic.in
23.	Uttarakhand	ESI Corporation, Panchdeep Bhawan, Wing No.4, Shiv Puri, Prem Nagar, Dehradun-248007, Uttarakhand. Contact No. 0135-2774762	rd-uchal@esic.nic.in
24.	West Bengal	ESI Corporation, Panchdeep Bhawan, 5/1, Grant Lane, Kolkata – 700012 (West Bengal). Contact No. 033-22364451/56	rd-westbengal@esic.nic.in

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs. _____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o _____, a resident of _____ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of a
Government Health Care Institution

Name & Designation: _____.

Name of Government Hospital/Health Care Centre with Seal _____

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment-Ophthalmologist, Locomotor disability-Orthopedic specialist/PMR)