

APPLICATION FOR POST OF
INSURANCE MEDICAL PRACTITIONER
UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, KOLHAPUR
MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY
Email- imp.amokolhapur@gmail.com

INTERVIEW FOR POST OF INSURANCE MEDICAL PRACTITIONER

**Details of Places for IMP required :-----KOLHAPUR,SANGLI,
SATARA, SOLAPUR, RATNAGIRI AND SINDHUDURG.**

Qualification :- M.B.B.S

Age: Should be less than 67 yrs as on 01-12-2021

Experience: Minimum Two yrs

Working hours for IMP : Minimum 7 hours per day

Morning Minimum 3 hours. Clinic should start between 8 to 9 AM.

Evening Minimum 3 hours. Clinic should start between 5 to 6 PM.

Selection Of Procedure:

Applications are to be submitted in the prescribed Proforma in the jurisdiction of this office viz., - KOLHAPUR, SANGLI,SATARA, SOLAPUR,RATNAGIRI AND SINDHUDURG.

- a) Selection will be made on basis of interview of candidate, which will be conducted by the duly constituted selection committee. Candidate should be present at interview with Original certificates.
- a) The final selection will be based purely on performance in personal interview
- b) Other terms and conditions will be applicable as issued by Maharashtra government and competent authority from time to time
- c) This appointment is only on temporary basis. Contract period of IMP is for one year, can be renewed every year, for a maximum period of three years. In exceptional cases, this may be extended up to five years. Renewal or extension will depend on performance.
- d) Maximum age of IMP will be 67 years, subject to medical fitness.
- e) The MH-ESIS reserves the right to cancel the recruitment process at any stage at its discretion and such decision will be binding on all concerned.
- f) No TA/DA will be admissible for interview
- g) Minimum area & infrastructure of clinic , Remuneration per IP, Maximum No. of IP's registration as per present norms

- h) The applicants within the periphery of 10 kilometre of existing esis dispensary may not apply
- i) In future if the new esis dispensary get functional within the area the services of imp applicants will be terminated.
- j) The rules and regulations as per ESIS OPERATIONAL MANUAL 2025 FOR IMP will be applicable to the selected imp.
- k) Any changes in the rules and regulations, any amendments time to time made in operational manual will be applicable to the applicants.
- l) All existing IMP's who are working and fulfilling above criteria need to apply again.
- m) The last date of submitting application for IMP is 20/10/2025 and interviews will be on 30/10/2025.**

APPLICATION FOR POST OF
INSURANCE MEDICAL PRACTITIONER

(as per ESIC operational Manual 2015 for IMP)

UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, KOLHAPUR
MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY

Email- imp.amokolhapur@gmail.com

(Please fill the form in own handwriting)

1. **Name in full (in block letters) :**.....
2. **Date of Birth :**..... **(DD/MM/YYYY)**
(Should be less than 67 yrs)
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. **MCI/State Medical council registration no. :**
8. **Full residential address :**
.....
9. **Email ID :**
- Mobile no.:**..... (Personal Mobile no. Please do not write hospital 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 :**.....

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 arrangement ?
4. A lab facility?
5. A toilet
6. A computer with or without internet facility?

15. Clinic Timing : Minimum 7 hours per day

Morning Minimum 3 hours. Clinic should start between 8 to 9 AM.

Evening Minimum 3 hours. Clinic should start between 5 to 6 PM.

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

19. Experience as General Medical Practitioner :

Period		Address of Clinic
From	To	

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

20. State your ESI IMP code number. Endorse the stamp and enclose details list of IP Insurance number attached with you.

(This appointment is purely on temporary basis. All rights of appointment, Continuation and Discontinuations of appointment are reserved with AMO, MHESIS Pune)

Documents required to be attached :

- a) Valid MCI / State medical council registration certificate
- b) 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) Copy of Pan, Aadhar Card and Passbook front page Xerox
- f) Original cancelled signed cheque.
- g)All copies of above documents are to be self attested before submission.

DECLARATION

I----- am applying for inclusion in the Medical list as an Insurance Medical Practitioner under the Maharashtra Employees State Insurance Society declare that the particulars given above are true and correct 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
with Rubber Stamp**

Place :

FOR OFFICIAL USE

Recommendation of the allocation committee

**Chairman
Allocation Committee**

Approval of the Competent Authority, MH-ESI Society, Kolhapur

**Competent Authority
MH-ESI SOCIETY**

Minimum List of Medical and Surgical Equipment to be maintained by an Insurance Medical Practitioner:

The Clinic should have the following

1. Instruments for dressing of wounds
2. Instruments for suturing of Simple wounds
3. Instruments for incision and drainage of abscess.
4. Splints of various Sizes.
5. Basic clinical examination equipment.
6. Lab Inv. Facilities.

Please indicate availability / non availability of the following items-

Sr. No.	Name	Availability Yes/No	Name	Availability yes/No
1.	Bandages assorted		22. BP Apparatus	
2.	Dressing drum		23. Spud, eye	
3.	Foley's catheter		24. Sterilizer portable	
4.	1-0 Sterilized silk suture		25. Stethoscope	
5.	Kramer wire or goose splint		26. BP Instrument	
6.	Artery Forceps 5"/6"		27. Syringes 2cc, 5cc, & 10 cc	
7.	Plain forceps		28. Tape measure	
8.	Forceps Sinus		29. Test tubes	
9.	Forceps Sterilizer. Cheatles		30. Test tube holder	
10.	Plain forceps		31. Test Tube Stand	
11.	Nasal Speculum No. 2		32. Distant vision chart	
12.	Paper Adhesive Tape 1 "		33. Near vision testing set	
13.	Plaster adhesive 3" *10 yds		34. Thermometer, clinical	
14.	Reflex hammer		35. Tongue depressor	
15.	Weighing Machine		36. Tray SS Instrument	
16.	Scalpel		37. Tray SS Kidney shaped	
17.	Scissors		38. Tray SS Instrument	
18.	Scissors, straight curved		39. Wool Cotton	
19.	Sheeting water proof 1 R		40. Uristix	
20.	POP Bandage		41 . Glucometer with strips	
21.	Spatula			

**APPLICATION FOR THE POST OF MEDICAL OFFICER
UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, KOLHAPUR
MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY
Email- imp.amokolhapur@gmail.com**

INTERVIEW FOR POST OF MEDICAL OFFICER

1. Name in full (in block letters):

2. Fathers/Husband's Name:

3. Date of Birth (DD/MM/YYYY) : -----

4. Religion:

5. Caste :

6. Category :

7. Mailing address:

8. (a) E-Mail :

(b) Mobile No. :

9. Residential address:

.....

10. Permanent address:

.....

11. Sex: Male / Female

12. Date of Registration in State medical council:

13. Essential Educational and Professional Qualification (graduate level onwards)

Name & address of college	university	Duration		Degree/ Examination Passing year	Subject	Percentage of Marks obtained
		From	To			

DOCUMENTS TO REQUIRED:

1. Valid MCI / State medical council registration certificate
2. Matriculation Certificate for Age Proof
3. Proof of Educational Qualification
4. Caste Certificate / Caste Validity
5. Experience Certificate (if available)
6. Copy of Pan card, Aadhar card Xerox
7. Two Photographs

All copies of above documents are to be self attested before submission.

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information being found false or incorrect at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without notice or any compensation in lieu thereof.

Place:

Signature of Candidate

Date: