

NOTICE

NORTH CENTRAL RAILWAY

**OFFICE OF THE MEDICAL DIRECTOR, CENTRAL HOSPITAL,
NORTH CENTRAL RAILWAY, ALLAHABAD**


EMPANLMENT OF CONSULTANTS ON CASE TO CASE BASIS

Applications are invited from eligible candidates for Empanelment of consultants on case to case basis in the following speciality:-

- (1) Medicine (2) Surgery (3) Gynaecology (4) Orthopaedics
(5) Paediatrics (6) Ophthalmology (7) ENT (8) Skin (9) Psychiatry (10)
Chest Physician (11) Cardiology (12) Neurology (13) Nephrology (14)
Gastroenterology (15) Neuro Surgery (16) Urology (17) Paediatric
Surgery (18) Plastic Surgery (19) Anaesthesiology.

Filled up application forms are to be submitted within 15 days from the date of advertisement in the office of Medical Director, Central Hospital, North Central Railway, Allahabad.

Dated : June 2016


Medical Director
Central Hospital
NCR/Allahabad

**APPLICATION & SELF DECLARATION FORM FOR EMPANLMENT OF CONSULTANTS ON
CASE TO CASE BASIS IN CENTRAL HOSPITAL, NORTH CENTRAL RAILWAY
ALLAHABAD**

To.

**MEDICAL DIRECTOR
NORTH CENTRAL RAILWAY
ALLAHABAD**

**PASTE
PASSPORT SIZE
SELF ATTESTED
PHOTOGRAPH
HERE**

**A. PERSONAL DETAILS (ANY SUPPRESSION OF FACTS OR FALSE INFORMATION WILL
LEAD TO CANCELLATION OF CANDIDATURES).**

1. NAME (IN BLOCK LETTERS) _____

2. DATE OF BIRTH: _____

3. AGE: _____

4. FATHER'S NAME: _____

5. MARITAL STATUS: _____

6. PRESENT MAILING ADDRESS: _____

7. PERMANENT MAILING ADDRESS: _____

B. MEANS FOR COMMUNICATION

1. E.MAIL ID: _____

2. Mobile No: _____

3. Land Line No (With STD Code) : _____

SIGNATURE OF CANDIDATE

DATE: _____

PLACE: _____

C. IDENTIFICATION DETAILS

ESSENTIAL

1. PAN CARD NO: _____

OPTIONAL (ANY TWO)

2. VOTER ID NO _____

3. ADHARA CARD NO: _____

4. PASSPORT NO: _____

5. DRIVING LICENSE NO: _____

D. EDUCATIONAL QUALIFICATION

S.NO	QUALIFICATION	UNIVERSITY/COLLEGE	YEAR OF PASSING	SUBJECT	MARKS OBTAINED
1.	MBBS				
2.	MD/MS/DIPLOMA/DNB				
3.	ANY OTHER ADDITIONAL QUALIFICATION				

E. DETAILS OF EXPERIENCE (INCLUDING ANY PUBLICATION AND LECTURES/ PRESENTATIONS ETC).

SIGNATURE OF CANDIDATE

DATE: _____

PLACE: _____

DETAILS OF ENCLOSURES: SELF ATTESTED PHOTOCOPIES OF FOLLOWING DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

S.NO	Type of document submitted	Yes/No	At S.No
1.	DATE OF BIRTH CERTIFICATE		
2.	MARKSHEETS OF MBBS EXAMINATION		
3.	DEGREE CERTIFICATE OF MBBS		
4.	MCI/STATE REGISTRATION CERTIFICATE		
5.	UP STATE MEDICAL COUNCIL REGISTRATION CERTIFICATE		
6.	SPECIALITY DEGREE /DIPLOMA CERTIFICATE (MCI RECOGNISED ONLY)		
7.	WORK EXPERIENCE CERTIFICATE		
8.	DETAILS OF PUBLICATION /PRESENTATION /LECTURES IN CONFERENCE		
9A	PAN CARD		
B.	VOTER ID CARD		
C.	ADHAR CARD		
D.	PASSPORT		
E.	DRIVING LICENCE		

DECLARATION.

I, Dr. _____ s/d/o _____

hereby solemnly declare that statements made above by me are correct and true to the best of my knowledge and belief.

Further, I, do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive and disciplinary action whatever applicable.

I understand that registration with UP State Medical Council is mandatory before joining as Honorary visiting Specialist.

The decision of Selection committee appointment by competent authority shall be final and in case of any legal dispute the place of court of jurisdiction shall be Allahabad.

SIGNATURE OF CANDIDATE

DATE: _____

PLACE: _____

CONSENT FORM FOR SURGICAL PROCEDURE SERVICES ON CASE TO CASE BASIS
AT CENTRAL HOSPITAL/N.C.RLY/ALD

I, Dr. _____ hereby agree to visit Central Hospital/NCR/ALD for performing surgical procedures on case to case basis as and when required. As per the remuneration package and the classification for categorizing various types of surgical procedures (minor, major and special) as well as other terms and conditions laid down in Rly Boards circular.

Dated :

Place :

Signature

Name of Consultant-

Specialty-

Qualification-

Note :

1. The proposed rate of remuneration for surgical procedures is as (as per RB Circular):-

- (a) For minor surgery – Rs 2000/- per case as package rate.
- (b) For major surgery – Rs 5000/- per case as package rate.
- (c) For special surgery- Rs 8000/- per case as package rate.

2. The package contains:-

- (i) Pre-operation one check up.
- (ii) The surgical operation.
- (iii) Post operative follow up for 3 days (excluding the day of surgery).

3. A copy of the list of surgical procedures classified into minor, major and special cases is enclosed and it is as per IRMM 2000.

**CONSENT FORM CONSULTANCY SERVICES ON CASE TO CASE BASIS AT CENTRAL
HOSPITAL/NCR/ALD.**

I. Dr _____ here agree to visit Central Hospital/NCR/ALD for consultation as per rates decided by Railway administration on as and when required on case to case basis.

Date :

Signature

Place

Name of consultant

Note :

(A) For postgraduate degree holders:-

Additional case during visit

Day Visit/Night Visit- Rs 400/-

Rs 75/-

(B) For super specialist degree holders:

Additional case during visit

Day Visit/Night Visit- Rs 500/-

Rs100/-