

NOTICE

NORTH CENTRAL RAILWAY

OFFICE OF THE MEDICAL DIRECTOR ,CENTRAL HOSPITAL ,ALLAHABAD

ENGAGEMENT OF HONORARY VISITING SPECIALISTS

Applications are invited from eligible candidates for engagement and selection of 06 (Six) posts of Honorary Visiting Specialists -01 in each discipline-Medicine, Chest deasese, ENT, Skin, Psychiatry & Ophthalmology. Above HVS are required at CH/NCR/ALD. Applications may be submitted IN SEALED ENVELOPE ON PRESCRIBED FORMAT AS PER ANNEXURE WITH RELEVANT DOCUMENTS to Medical Director, Central Hospital Allahabad.

1. **Educational qualifications and experience** will be as follows:-

Post graduate degree from a recognized university .Minimum three years work experience in the professional work related to the concerned speciality after obtaining P.G.Degree. (PREFERRED)/PG diploma holders from a recognized university with 05(five) years experience in the professional work related to concerned speciality after obtaining P.G.Diploma.

2. **Age limit** : Between 30-64 years

3. **Tenure** : The contract of appointment will be for one year which is subject to renewal/extension every year.

4. Honorarium to be paid

S.no	SPECIALITY	HOURS OF DUTY	MD/DNB/DIPLOMA
1.	MEDICINE	2HOURS EVERYDAY/6DAYS/WEEK	Rs.32000/- per month
2.	OPHTHALMOLOGY	2HOURS EVERYDAY/4DAYS/WEEK	Rs.20000/- per month
3.	CHEST DISEASE	2HOURS EVERYDAY/4DAYS/WEEK	Rs.20000/- per month
4.	ENT	2HOURS EVERYDAY/2DAYS/WEEK	Rs.10000/- per month
5.	SKIN	2HOURS EVERYDAY/2DAYS/WEEK	Rs.10000/- per month
6.	PSYCHIATRY	2HOURS EVERYDAY/2DAYS/WEEK	Rs.10000/- per month

In addition they will be required to come to the hospital in case of emergency on any day including Sunday and holidays at any time.

5. Daily rate of deduction of Remuneration: The appointed HVS shall have 12 days leave every year. For any absence beyond 12 days deduction will be made at following rates:-

S.No	SPECIALITY	HOURS OF DUTY	MD/DNB/DIPLOMA
1.	MEDICINE	2HOURS EVERYDAY/6DAYS/WEEK	Rs.1360/ per Day
2.	OPHTHALMOLOGY	2HOURS EVERYDAY/4DAYS/WEEK	Rs.1250/ per Day
3.	CHEST DISEASE	2HOURS EVERYDAY/4DAYS/WEEK	Rs.1250/ per Day
4.	ENT	2HOURS EVERYDAY/2DAYS/WEEK	Rs.1250/ per Day
5.	SKIN	2HOURS EVERYDAY/2DAYS/WEEK	Rs.1250/ per Day
6.	PSYCHIATRY	2HOURS EVERYDAY/2DAYS/WEEK	Rs.1250/ per Day

6. **Free Railway Passes:** One set of complimentary Railway Pass valid all over Indian Railway and Konkan Railway in AC two tier including Rajdhani Express and in AC Chair car of Shatabdi Express for self +spouse and dependent children (as per rules applicable for Railway Employees) will be made available as per entitlement of Selection Grade officers in each calendar year. The complimentary pass can be availed after three months of engagement for the calendar year.

7. The contracts may be terminated at any time on one month notice on either side .The Administration reserves the right , not to assign any reason for such termination.

**MEDICAL DIRECTOR
CH/NCR/ALD**

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ENGAGEMENT OF HONORARY VISITING SPECIALISTS

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रेलवे चिकित्सालय इलाहाबाद में HONORARY VISITING SPECIALIST के 06 पद- प्रत्येक विभाग में एक पद (Medicine, Chest disease , ENT, Skin, Psychiatry & Ophthalmology) पर कार्य करने हेतु योग्य उम्मीदवारों से आवेदन आमंत्रित हैं। इच्छुक उम्मीदवार अपने आवेदन " ENGAGEMENT OF HVS" अभिलिखित बंद लिफाफे में निर्धारित प्रारूप तथा प्रमाणपत्रों की प्रतिलिपि के साथ रजिस्टर्ड डाक द्वारा चिकित्सा निदेशक, केंद्रीय चिकित्सालय, इलाहाबाद को विज्ञापन प्रकाशित होने के 30 दिन के अंदर तक प्रेषित कर सकते हैं। संबन्धित पदों हेतु नियम एवं पात्रता संबंधी समस्त विवरण उत्तर मध्य रेलवे की वैबसाइट www.ncr.gov.in पर तथा चिकित्सा निदेशक, केंद्रीय चिकित्सालय, इलाहाबाद के कार्यालय में उपलब्ध है।

APPLICATION & SELF DECLARATION FORM FOR POST OF HONORARY VISITING SPECIALIST IN

.....
AT CENTRAL HOSPITAL, NCR ALLAHABAD

To,

MEDICAL DIRECTOR

NORTH CENTRAL RAILWAY HOSPITAL

ALLAHABAD

PASTE
PASSPORT SIZE
SELF ATTESTED
PHOTOGRAPH HERE

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

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 OF 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.....

Date of issue &validity.....Issuing Authority.....

OPTIONAL (ANY TWO)

2. VOTER ID NO.....

Date of issue &validity.....Issuing Authority.....

3. AADHAR CARD NO.....

Date of issue &validity.....Issuing Authority.....

4. PASSPORT NO.....

Date of issue &validity.....Issuing Authority.....

5. DRIVING LICENSE NO.....

Date of issue &validity.....Issuing Authority.....

D.EDUCATIONAL QUALIFICATIONS

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

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

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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 RECOGNIZED ONLY)		
7.	WORK EXPERIENCE CERTIFICATE		
8.	DETAILS OF PUBLICATION/PRESENTATIONS/LECTURES IN CONFERENCE		
9A.	PANCARD		
B	VOTER ID CARD		
C	AADHAR CARD		
D	PAASSPORT		
E	DRIVING LICENCE		

DECLARATION

I, Dr..... s/d/o..... have completely understood the terms and conditions of my employment as Honorary visiting specialist with Railways and hereby give my consent to work as HVS in..... (Name of specialty) at Central Hospital, Allahabad.

I , 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 appointed 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.....