

NOTICE

ENGAGEMENT OF HONORARY VISTING SPECIALISTS

Application are invited from eligible candidates for engagement and selection of 03 (Three) posts of Honorary Visiting Specialist -01 in each discipline- Orthopaedics , ENT& Dermatology for providing services at Railway Hospital ,Kanpur . Applications with photocopies of certificates may be sent by registered post IN SEALED ENVELOPE superscribed "ENGAGEMENT OF HVS" to Chief Medical Supdt. N C Railway Hospital , G.T.Road, Kanpur-208004 by 15.02.19 . Details of eligibility, prescribed application format and detail of relevant documents to be submitted are available on the website www.ncr.gov.in

रेलवे चिकित्सालय कानपुर से HONORARY VISTING SPECIALIST के 03 पद (.01 अस्थि विशेषज्ञ 02. नाक कान गला विशेषज्ञ 03. चर्म रोग विशेषज्ञ 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 मुख्य चिकित्सा अधीक्षक, उत्तर मध्य रेलवे, चिकित्सालय , जी.टी.रोड ,कानपुर-208004 को दिनांक 15.02.19 तक प्रेषित कर सकते हैं। संबंधित पदों हेतु नियम एवं पात्रता शर्तें संबंधित समस्त विवरण उत्तर मध्य रेलवे की www.ncr.gov.in पर उपलब्ध है ।

I.No-1-Med/CNB/2019/HVS

Dated:- 17.01.2019

(Signature)
Chief Medical Supdt.
N C Rly., Kanpur
Chief Medical Supdt.
N C Rly Kanpur

(14)

NOTICE

OFFICE OF THE CHIEF MEDICAL SUPERINTENDENT ,N.C.RAILWAY HOSPITAL ,KANPUR

G.T.ROAD KANPUR-208004

ENGAGEMENT OF HONORARY VISITING SPECIALISTS

Applications are invited in terms of RB policy letters 2018/Transcell/health/medical issues dated 19.6.18 & 24.6.18 from eligible candidates for engagement and selection of 03 (three) posts of Honorary Visiting Specialists -01 in each discipline-ORTHOPAEDICS,SKIN&VD and ENT(Otorhinolaryngology). Applications may be submitted IN SEALED ENVELOPE ON PRESCRIBED FORMAT AS PER ANNEXURE WITH RELEVANT DOCUMENTS to Chief Medical Superintendent, North Central Railway Hospital, G.T.Road Kanpur-208004.

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) Or 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. Upper age limit of continued engagement is 65 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. | Orthopaedics | 4HOURS EVERYDAY/4DAYS/WEEK | Rs.48000/- per month |
| 2. | ENT(OTORHINOLARYNGOLOGY) | 2HOURS EVERYDAY/4DAYS/WEEK | Rs.32000/- per month |
| 3. | Skin & VD | 2HOURS EVERYDAY/4DAYS/WEEK | Rs.32000/- 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. | ORTHOPAEDICS | 4HOURS EVERYDAY/4DAYS/WEEK | Rs 3000/- per day |
| 2. | ENT(OTORHINOLARYNGOLOGY) | 2HOURS EVERYDAY/4DAYS/WEEK | Rs 2000/- per day |
| 3. | SKIN & VD | 2HOURS EVERYDAY/4DAYS/WEEK | Rs 2000/- 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.


CMS/CNB
30 मं रे०, कानपुर
Chief Medical Supdt
N C Rly Kanpur

APPLICATION & SELF DECLARATION FORM FOR POST OF HONORARY VISITING SPECIALIST IN
ORTHOPAEDICS/ENT/SKIN & VD

AT RAILWAY HOSPITAL KANPUR

To.

CHIEF MEDICAL SUPERINTENDENT

NORTH CENTRAL RAILWAY HOSPITAL

KANPUR

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 AS ON 31.1.19.....

4. FATHER'S NAME.....

5. PRESENT MAILING ADDRESS.....
.....

6. 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.)

.....
.....

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/LECTURESIN CONFERENCE | | |
| 9A. | PANCARD | | |
| B | VOTER ID CARD | | |
| C | AADHAR CARD | | |
| D | PAASSPORT | | |
| 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 appointed by competent authority shall be final and in case of any legal dispute the place of court of jurisdiction shall be Kanpur.

SIGNATURE OF CANDIDATE

DATE:.....

PLACE.....