

NOTICE

Notice No. 1-Med/CNB/2022/HVS

Dated:- 15.11.2022

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-**Anaesthesia, General medicine 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 specialty after obtaining P.G. Degree.

PG diploma holders from a recognized university with 05 (five) years experience in the professional work related to concerned specialty 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	HONORARIUM
1.	Anesthetist	4 HOURS 06 DAYS/WEEK	Rs.78000/- per month
2.	Physician	4 HOURS 06 DAYS/WEEK	Rs.78000/- per month
3.	ENT(OTORHINOLARYNGOLOGY)	4 HOURS 02 DAYS/WEEK	Rs.24000/- 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	HONORARIUM
1.	Anesthetist	4 HOURS 06 DAYS/WEEK	Rs 3250/- per day
2.	Physician	4 HOURS 06 DAYS/WEEK	Rs 3250/- per day
3.	ENT(OTORHINOLARYNGOLOGY)	4 HOURS 02 DAYS/WEEK	Rs 3000/- 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.

सं. ३०३
मुख्य चिकित्सा अधिकारी
Chief Medical Superintendent
उप मध्यम विभाग, ग. ट. रोड, कानपुर
Sub. Div. Hospital, N.C.R. Kanpur

APPLICATION & SELF DECLARATION FORM FOR POST OF HONORARY VISITING SPECIALIST IN
Anaesthesia, General Medicine and ENT AT RAILWAY HOSPITAL KANPUR

To.

CHIEF MEDICAL SUPERINTENDENT
NORTH CENTRAL RAILWAY HOSPITAL
KANPUR

PASTE
PASSPORT SIZE
SELF ATTESTED
PHOTOGRAPH

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 15.11.2022.....

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/LECTURES IN 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:.....