

NOTICE
SOUTH EASTERN RAILWAY
OFFICE OF THE MEDICAL DIRECTOR
CENTRAL HOSPITAL, SOUTH EASTERN RAILWAY, GARDEN REACH
KOLKATA 700043
ENGAGEMENT OF HONORARY VISITING SPECIALISTS

Applications are invited from eligible candidates for selection and engagement of 03 (three) posts of Honorary Visiting Specialists 01 (one) in each discipline- Nephrology, Gastroenterology & Medical oncology. Applications may be submitted to Medical Director, Central Hospital, S.E.Railway, Garden Reach, Kolkata-700043 or email id md@ser.railnet.Gov.in by 31.08.2015(AN).

1. Educational qualification and experience will be as follows:-

- (a) Post Doctoral qualification i.e. DM or equivalent in the discipline of Nephrology (Super Specialist).
- (b) Post Doctoral qualification i.e. DM or equivalent in the discipline of Gastroenterology (Super Specialist).
- (c) Post Doctoral qualification i.e. DM or equivalent in the discipline of Medical oncology (Super Specialist) or with at least 03 years experience in medical oncology after MD/DNB (Specialist).

2. Age limit: - Between 30 to 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:-

Hours of Duty	Specialist (MD/DNB)	Super Specialist(DM)
2 hrs a day for 4 days/ week.	Rs.20, 000/- Per month.	Rs.25, 000/- Per month.

5. Daily Rate of deduction of remuneration:- They are allowed to have 12 days leave every year. For any absence beyond 12 days deductions will be made at the following rates:-

Number of hours/days/week	Specialist (MD/DNB)	Super Specialist(DM)
2 hrs a day for 4 days/ week.	Rs.1250/- per day.	Rs. 1563 /- per day.

6. Free Railway Passes: - One set of complimentary Railway Pass valid all over Indian Railway & 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 the entitlement. The complementary pass can be availed after 3 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.


04/08/15
For Medical Director/GRC.

APPLICATION & SELF DECLARATION FORM FOR POST OF Honorary Visiting Specialist in
OF.....

Ref: _____

To
The Medical Director
Central Hospital
South Eastern Railway
Garden Reach



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

1. Name (BLOCK LETTERS) _____
2. D.O.B. _____ 3. Age on 31.08.2015: _____ (Yrs.)
4. Father's Name, Address/Occupation _____

5. Marital Status _____
6. Present mailing address(BLOCK LETTERS): _____

7. Permanent mailing address(BLOCK LETTERS) _____

B. Means of Communication:

1. E.mail address : _____
2. Mobile No. _____ 3. Land Line No (With STD Code) _____

C. IDENTIFICATION DETAILS(Sr.No.1 essential & others are optional)

1. PAN CARD No. _____ Date of issue & validity _____
Issuing authority _____
2. VOTER ID No. _____ Date of issue & validity _____
Issuing Authority _____
3. ADHAAR CARD No. _____ Date of issue & validity _____
Issuing Authority _____
4. PASSPORT NO. _____ Date of issue and validity _____

Signature of Candidate

Date: _____
Place: _____

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8. EDUCATIONAL QUALIFICATION

Sr. No.	Qualification	University/College	Year of passing	Subjects	Markes obtained
1	MBBS				
2	MD				
3	DM				

9. Details of Experience including publications:

10. Details of Enclosures: Copies of documents duly self attested to be submitted with application form:

Sl.No.	TYPE OF DOCUMENT SUBMITTED	YES/NO)
1.	Date of Birth Certificate	
2.	Mark sheets of MBBS(all proof)	
3.	Degree Certificate of MBBS	
4.	MCI/STATE Registration Certificate	
5.	West Bengal Medical Council Registration Certificate	
6.	Degree Certificate (MCI recognized only)	
7.	Experience Certificate	
8.	Publications & Details	
9.	PAN CARD	
10.	VOTER CARD	
11.	ADHAAR CARD	
12.	PASSPORT	

11. Declaration:

- I, Dr. (Mr/Ms) _____ s/d/o _____ hereby solemnly declare that statement made above by me are correct & 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/ disciplinary action whatever applicable.
- I understand that applying for registration with West Bengal Medical Council is an essential requirement before joining. I undertake to apply for WB Registration immediately & will submit the same before my joining at Central Hospital, S.E.Railway, Garden Reach Kolkata.
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of Court will be Kolkata.

Date: _____ Month _____ Year _____, Signature of candidate: _____

Place : _____ (Name : _____)