

**(TO BE UPLOADED IN THE WEBSITE)**

**NOTICE**

SOUTH EASTERN RAILWAY  
OFFICE OF THE MEDICAL DIRECTOR  
CENTRAL HOSPITAL, SOUTH EASTERN RAILWAY, GARDEN REACH  
KOLKATA 700043

**EXPRESSION OF INTEREST FOR ENGAGEMENT OF HONORARY VISITING SPECIALISTS**

Applications are invited from eligible candidates for selection and engagement of 02 (two) Honorary Visiting Specialists, 01(one) each in the disciplines of **Neurology & Urology** as per the following schedule. Applications may be submitted to Medical Director, Central Hospital, S.E.Railway, Garden Reach, Kolkata-700043 or email id [md@ser.railnet.gov.in](mailto:md@ser.railnet.gov.in) by **06.04.2023(AN)**.

**1. Number of visits/ Number of Hours and Honorarium to be paid:-**

Discipline	Hours of Duty	Specialist (MD/DNB)	Super Specialist (DM/Mch/DNB)
<b>Neurology</b>	4 hrs a day for 4 days/ week.	Rs.48, 000/- Per month.	Rs.60, 000/- Per month.
<b>Urology</b>	4 hrs a day for 4 days/ week.	Rs.48, 000/- Per month.	Rs.60, 000/- Per month.

**2. Education qualification and experience will be as follows:-**

- (a) Post Doctoral qualification i.e. DM/DNB or equivalent (Super Specialist) in the discipline of **Neurology**.
- (b) Post Doctoral qualification i.e. Mch/DNB or equivalent (Super Specialist) in the discipline of **Urology**.

**3. Age limit:** - Between 30 to 64 years.

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

**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)
4 hrs a day for 4 days/ week.	Rs.3,000/- per day.	Rs.3,750/- 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.

**For Medical Director/GRC.**

**APPLICATION & SELF DECLARATION FORM FOR EXPRESSION OF INTEREST FOR THE  
POST OF HONORARY VISITING SPECIALIST**

**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 **31.03.2023**: \_\_\_\_\_ (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: \_\_\_\_\_

### 8. EDUCATIONAL QUALIFICATION

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

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 : \_\_\_\_\_)