

**N.F.RAILWAY**  
**OFFICE OF THE CHIEF MEDICAL SUPERINTENDENT**  
**RANGIYA DIVISION, N.F.RAILWAY**  
**KAMRUP (R) -781354 (ASSAM)**  
**No-H/98/RNY/33/[HVS] dated. 08.06.2023**

Chief Medical Superintendent, Rangiya Division N.F.Railway for & on behalf of President of India invites applications for Honorary Visiting Specialist (HVS) in each of the Specialist of three(03) numbers of HVS for DRH/NBQ (01 Paediatrician, 01 Physician and 01 Orthopedic Surgeon), one (01) number HVS at SDRH/RNY (01 Physician) and one (01) number of HVS at SDRH/RPAN(01 Paediatrician) Terms & conditions:-

**1. Educational Qualifications & experience:**

a) Specialist-Post-graduate degree from recognized university. Minimum 3 years experience in the professional work related to concerned specialty in case of post graduate degree.

**2. Age Profile:** During first time engagement, the preferred age is between 30 years to 64 years. Upper age limit of continued engagement is 65 years.

**3. Current rate of honorarium to be paid:**

S.no	Hours of duty	Hospital at which required	Honorarium	Specialist required
1	2 hours a day for 4 Days/week	DRH/NBQ	32,000.00 (Per Month)	01 paediatrician 01 Physician 01 Orthopedic surgeon
2	2 hours a day for 4 Days/week	SDH/RPAN		01 paediatrician
3	2 hours a day for 4 Days/week	SDRH/RNY		01 Physician

**4. Tenure of working:** Each time the offer is given for a year only. After expiry of one year extension can be given on yearly basis subject to age limit.

**5.** Detail terms & conditions as per Railway Board's I./No. 2014/H-1/12/8/1IVS/Policy dated 19.06.2018 can also be obtained from the office of Chief Medical Superintendent, Rangiya Division, N.F.Railway Kamrup (R) -781354 (Assam). The detail document is also available on Northeast Frontier Railway Website [www.nfr.indianrailways.gov.in](http://www.nfr.indianrailways.gov.in).

**6.** Short listed Doctors will be intimated in course of time after approval from competent authority.

**7.** The application in the format along with address, contact number, passport size photograph & self-attested copies of documents MBBS certificate, Postgraduate degree certificate, Post doctoral degree certificate (where applicable), Registration certificate, additional qualification & experience, PAN Card, e-mail ID and Phone number may be submitted at the address below.

**8. Address for correspondence:** Chief Medical Superintendent, Rangiya Division, N.F.Railway Kamrup (R) -781354 (Assam)

**9. Last date of receipt of application 01:00 PM of 07.07-2023.**

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Chief Medical Superintendent,  
N.F.Railway, Rangiya Division.

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Chief Medical Superintendent  
N.F. Railway / Rangiya

**:APPLICATION & SELF DECLARATION FOR HONOURARY VISITING SPECIALIST:**

To,

**Chief Medical Superintendent,  
N.F.Railway ,Rangiya Division  
Kamrup (R) -781354 (Assam)**

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

1. Name (BLOCKLETTERS).....

2. D.O.B..... 3. Age on Date of Advt.....

4. Father's Name..... 5. Mobile No.....

6. Address.....

7. Current occupation.....

8. APPLICANT's Present Address & Mailing Address (BLOCK LETTERS).....

..... PIN CODE:.....

9. APPLICANT's Permanent Address (BLOCK LETTERS).....

..... PIN CODE.....

**10 MEANS OF COMMUNICATION WITH APPLICANT (Please pay attention & fill in correct details):**

i. E-mail address (in BLOCK LETTERS):.....

ii. Mobile No..... iii. Landline No.(With STD Code).....

**11. APPLICANT's identification details: (Sr. No. i/to iii/ are essential)**

i. PAN CARD No..... Date of issue & validity.....

ii. VOTER ID No..... Date of issue & validity.....

iii. ADHAAR CARD No..... Date of issue & validity.....

**B. EDUCATION QUALIFICATION & EXPERIENCE DETAILS:**

**1. Educational Qualification:**

SN	Qualifications	Medical College/ University	Year of passing
1	Graduation (MBBS)		
2	Post Graduation (MD/MS/DNB)		
3	Any other		

**2. Publications with details, if any:**

SN	Journal/Book	Title of publication	Year of publication

### 3. Details of Experience:

SN	Name & Address Of Institution	Total Period With Dates	Nature Of Job With Responsibilities Held

**C. Details of Certificates:** Copies of Documents duly self attested to be submitted with application form (from S.No. 1 to 11):

SN	Type Of Document Submitted	Whether submitted (write Yes/No)	If no give reasons there for	Remarks (By scrutinizing Official)
1	Birth Certificate			
2	Degree Certificate of MBBS			
3	Internship Completion Certificate			
4	MC Registration Certificate			
5	PG degree (MCI recognized only)			
6	PG diploma (MCI recognized only)			
7	Publications & Details			
8	PAN CARD			
9	VOTER ID			
10	AADHAR CARD			
11	Proof of Present Address			

### D. DECLARATION:

- I, Dr. \_\_\_\_\_ s/d/o \_\_\_\_\_ hereby solemnly declare that statements 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 deemed fit.
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of court will be Guwahati only.

Date:

Signature of candidate

Place:

(Name:.....)