

N. F. RAILWAY
OFFICE OF THE MEDICAL DIRECTOR
CENTRAL HOSPITAL
MALIGAON, GUWAHATI-781011
No. H/207/6(B)/Vol III/2023 DATED 20-03-2023

Medical Director, Central Hospital, Maligaon, for & on behalf of President of India invites applications for engagement of Honorary Visiting specialists (HVS) in each of the specialties of Cardiology, Radiology, Ophthalmology, Neurology, Orthopaedics and Obstetrics & Gynaecology. Terms & conditions:-

1. Educational Qualifications & experience

a) Super-specialist – minimum qualification will be Post Doctoral qualification, DM/MCh or equivalent.

b) 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:-

Hours	Specialist (Rs)	Super Specialist(Rs)
2/4 hours a day for 6 days/week	52,000 P.M.	64,000 P.M.
	78,000 P.M.	96,000 P.M.
2/4 hours a day for 4 days/week	32,000 P.M.	40,000 P.M.
	48,000 P.M.	60,000 P.M.
2/4 hours a day for 2 days/week	16,000 P.M.	20,000 P.M.
	24,000 P.M.	30,000 P.M.

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.

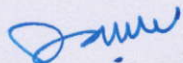
5. Detail terms & conditions as per Railway Board's L/No. 2014/H-1/12/8/HVS/Policy dated 19.06.2018 can also be obtained from office of Medical Director, Central Hospital, N. F. Railway, Maligaon, Guwahati-781011. The detail document is also available on Northeast Frontier Railway Website www.nfr.indianrailways.gov.in.

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 – Medical Director, Central Hospital, N. F. Railway, Maligaon, Guwahati-781011.

9. Last date of receipt of application 01-00 PM of 20-04-2023.


Medical Director
N. F. Railway

APPLICATION & SELF DECLARATION FOR HONOURARY VISITING SPECIALIST

To
The Medical Director,
Central Hospital,
Northeast Frontier Railway,
Maligaon, Guwahati-11.

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 _____
6. Address _____
7. Current occupation _____
8. APPLICANT's Present Address & Mailing Address (BLOCK LETTERS)
PINCODE _____
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	Super specialization (DM/MCh/DrNB)		
4	Any other		

2. Publications with details, if any

SN	Journal/Book	Title of publication	Year of publication
1			
2			
3			

3. Details of Experience

SN	NAME & ADDRESS OF INSTITUTION	TOTAL PERIOD WITH DATES	NATURE OF JOB RESPONSIBILITIES HELD
1			
2			
3			
4			

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 the 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.	ADHAAR 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:

Place:

Signature of candidate

(Name: _____)