

N.F. Railway
OFFICE OF THE CHIEF MEDICAL SUPERINTENDENT
Divisional Railway Hospital/Lumding
Nagaon, Assam-782442
No. H/15/HONY. SPL/LM Dated:28.03.2024

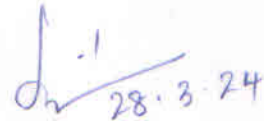
Chief Medical Superintendent , Divisional Railway Hospital, /Lumding for & on behalf of president of India Invites applications for engagement of Honorary Visiting Specialists (HVS) in each of the specialties of Ophthalmologist, Radiologist, Pediatrician, Pathologist.

Terms & Conditions:

1. Educational Qualifications & experience
 - a) 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:-

Doctors	Hours	Specialist (Rs)
Ophthalmologist	04 hours a day for 06 days/week	Rs. 78,000/- P.M
Radiologist	04 hours a day for 06 days/week	Rs. 78,000/- P.M
Pediatrician	04 hours a day for 06 days/week	Rs. 78,000/- P.M
Pathologist	04 hours a day for 06 days/week	Rs. 78,000/- P.M

- 4) **Free Railway Passes:** - One set of complimentary Railway pass valid all over Indian 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 employee) will be made available as per the entitlement of selection Grade officers in each calendar year. The complimentary pass can be availed after 3 months of engagement for the calendar year.
- 5) 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.
- 6) 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 Chief Medical Superintendent , Divisional Railway Hospital/LMG . The detail document is also available on Northeast Frontier Railway Website www.nfr.indianrailways.gov.in .
- 7) Short listed Doctors will be intimated in course of time after approval from competent authority.
- 8) 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 .
- 9) Address for correspondence-Chief Medical Superintendent, Divisional Railway Hospital, N.F. Railway, Lumding, Nagaon , Assam-782447.
- 9) Last date of receipt of application 01.00 PM of 30/4/2024.


28.3.24

(Dr L.Hmar)
For Chief Medical Superintendent/
N.F. Railway/Lumding

APPLICATION & SELF DECLARATION FORM FOR POST OF HONORARY VISITING SPECIALIST IN

.....
AT DIVISIONAL RAILWAY HOSPITAL,
LUMDING
To,
CHIEF MEDICAL SUPERINTENDENT
DIVISIONAL RAILWAY HOSPITAL/
LUMDING/NFR

PASTE
PASSPORT SIZE
SELF ATTESTED
PHOTOGRAPH
HERE

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
- 4. FATHER'S NAME.....
- 5. MARITAL STATUS.....
- 6. PRESENT MAILING ADDRESS.....
.....
- 7. 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:.....

dr
(DR L. Amar)
f cms/lmg
28.3.24

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.)

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.....

SIGNATURE OF CANDIDATE

DATE:.....

PLACE:.....

Dr L. Hmar
28.3.24
CMS/LMG

DETAILS OF ENCLOSURES :SELF ATTESTED PHOTOCOPIES OF FOLLOWING DOCUMENTS
TO BESUBMITTED 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/LECTURESIN CONFERENCE		
9A.	PANCARD		
B	VOTER ID CARD		
C	AADHAR CARD		
D	PAASSPORT		
E	DRIVING LICENCE		

DECLARATION

I, Dr..... s/d/o.....
have completely understood the terms and conditions of my employment as Honorary visiting specialistwith Railways and here by give my consent to work as HVS in.....(Name of speciality) at Divisional Railway Hospital, Lumding.

I ,hereby solemnly declare that statements made above by me are correct and true to the best of myknowledge 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 disciplinaryaction 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 anylegal dispute the place of court of jurisdiction shall be

SIGNATURE OF CANDIDATE

DATE:.....

PLACE:.....

[Handwritten Signature]
28.3.24
(Dr L. Hmar)
f. cms / Amr.