

N. F. RAILWAY
OFFICE OF THE MEDICAL DIRECTOR
CENTRAL HOSPITAL
MALIGAON, GUWAHATI-781011
No. H/207/6(B)/Vol III/2023 DATED 16.06.2025

Medical Director, Central Hospital, Maligaon, for & on behalf of President of India invites applications for empanelment of Honorary Visiting specialists (HVS) in each of the following specialties:

1. Ophthalmology (Specialty)
2. Radiology (Specialty)
3. Urology (Super specialty)
4. Medical Oncology (Super specialty)

Terms & conditions:

1. Educational Qualifications & experience

- Super-specialist -- minimum qualification will be Post-Doctoral qualification, DM/MCh or equivalent.
- 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. 78,000/- P.M.	64,000 P.M. 96,000 P.M.
2/4 hours a day for 4 days/week	32,000/- P.M. 48,000/- P.M.	40,000 P.M. 60,000 P.M.
2/4 hours a day for 2 days/week	16,000/- P.M. 24,000/- P.M.	20,000/- 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.

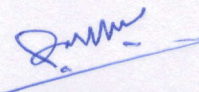
5. Detail terms & conditions as per Railway Board's L/No. 2014/H-1/12/8/HVS/Policy dated 19.06.2018 can also be obtained from office of Medical Director, Central Hospital, N. F. Railway, Maligaon, Guwahati-78 1011. The detail document is also available on Northeast Frontier Railway Website www.nfr.indianrailways.gov.in.

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, Post graduate 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 16.07.2025


Medical Director
N. F. Railway

APPLICATION & SELF DECLARATION FOR HONORARY VISITING SPECIALIST

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

PASTE A
RECENT
PASSPORT SIZE
COLOUR
PHOTOGRAPH

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

1. Name (BLOCK LETTERS) _____

2. D.O.B. _____ 3. Age on Date of Advt. (as Years, Months & Days) _____

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

6. Address _____

7. Current occupation _____

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

9. APPLICANT'S Permanent Address (BLOCK LETTERS) _____

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:

i/ PAN CARD NO. _____ Date of issue & validity _____

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

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

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/MDS)		
3	Super specialization (DM/MCh)		
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	Date of Birth Certificate			
2	Degree Certificate of MBBS			
3	Internship Completion Certificate			
4	MCI/STATE/DCI Registration Certificate			
5	POST GRADUATE DEGREE (MCI/DCI recognized only)			
6	POST GRADUATE DIPLOMA Certificate (MCI/DCI recognized only)			
7	Publications & Details			
8	PAN CARD			
9	VOTER ID			
10	ADHAAR CARD			
11	Proof of Present Address			

D. DECLARATION

I, Dr. (Mr/Ms.) _____ s/d/o _____ hereby solemnly declare that statements made above by me are correct & true to knowledge and belief.

Further, I do undertake that if the above statements are 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: