

APPLICATION & SELF DECLARATION FORM FOR ENGAGEMENT OF HONORARY VISITING SPECIALIST (OBSTETRICS & GYNECOLOGY)

To,

Additional Chief Medical Superintendent,
Extra Divisional Hospital, Northern Railway,
Jagadhri Workshop.

Paste Recent Self
Attested Photograph

A. Personal Details:

- 1 Name (block letters).....
- 2 Father's Name.....
- 3 Postal Address.....
- 4 Date of Birth.....
- 5 Are you an Ex. Railway Doctor?(If yes give details).....
- 6 Specialty.....
- 7 Mailing Address.....
- 8 E mail ID.....
- 9 Mob. No.....
- 10 PAN Card No.....
- 11 ADHAR Card No.....
- 12 MCI/State Registration. No.....

Date:

Signature of Applicant

B. Educational/Professional Qualifications:

Sr. No	Qualification	Year of passing	Medical college/university
1.	MBBS		
2.	MD/MS/Diploma/DNB		
3.	Any other Additional Qualification		

C. Experience details:

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D. Details of Enclosures-

Self-attested copies of the following documents to be submitted with application Form:

Sr. No	Documents	Yes/No	Placed at Sr.no
a.	DATE OF BIRTH CERTIFICATE		
b.	MARKSHEETS OF MBBS EXAMINATION		
c.	DEGREE CERTIFICATE OF MBBS		
d.	MCI/STATE REGISTRATION CERTIFICATE		
e.	SPECIALITY DEGREE /DIPLOMA CERTIFICATE (MCI RECOGNISED ONLY)		
f.	WORK EXPERIENCE CERTIFICATE		
g.	TWO RECENT PASSPORT SIZE PHOTOS		

Date:

Signature of Applicant



DECLARATION.

I, Dr. _____ s/d/o _____
hereby solemnly declare that statements made above by me are correct and 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 and disciplinary action whatever applicable.

I understand that registration with MCI/State Medical Council is mandatory before joining as Honorary visiting Specialist.

The decision of Selection committee appointment by competent authority shall be final and in case of any legal dispute the place of court of jurisdiction shall be Jagadhri- Yamuna Nagar.

SIGNATURE OF APPLICANT

Date:
Place:

NORTHERN RAILWAY

TERMS & CONDITION OF HONORARY VISITING SPECIALIST (Gynecology& obstetrics) AT NORTHERN RAILWAY HOSPITAL JAGADHRI WORKSHOP.

1. You will undertake to work as Honorary visiting specialist in your specialty (Gynecology& obstetrics) under Addl. Chief Medical superintendent Railway Extra Divisional Hospital Jagadhri workshop for a period of one year from the date of joining.
2. The contract can be terminated at any time on one month notice on either side. The administration reserves the rights not to assign any reason for such termination.
3. You will work for a minimum of two hours for six days/week in OPD hrs & will see all indoor cases related to your specialty & all cases referred to you by other doctors and other cases coming to you directly (related to your specialty).
4. You will normally attend the Rly Hospital JUDW six days in a week for two hours each day but you may be called by CMS/ACMS/JUDW to attend emergency cases on any day including Sunday and off day and at any time of the day in addition
5. You will be paid "Honorarium" @ Rs. 52,000/- per month, no other charges or allowances will be admissible to you.
6. No extra charge on conveyance charge will be admissible for attending emergency case.
7. One set of complimentary Railway pass valid all over Indian Railway & Konkan Railway in AC two tire including Rajdhani Express and AC chair car of Shatabdi Express for Self + spouse and dependent children (as per rule applicable for Railway employees) will be made available as per the entitlement of selection grade officers in each calendar year.
8. Complimentary pass can be availed after 3 months of engagement for calendar year
9. You will be allowed to avail 12 days leave every year & for any absence beyond 12 days, deductions will be made @ Rs. 2167/- per day.
10. No transfer to other Railway Hospital will be allowed.
11. In case you are unable to attend hospital you have to give prior notice so that work can be managed accordingly.
12. You will not allow seeing and treating your own patients in Railway Hospital.
13. You are not authorized to issue any certificate either to the employees or their family members and dependent relatives in official or private capacity.
14. You will be required to abide the rules of the institution /Railway Administration.
15. No upward revision of rate during the period of contract will be considered.
16. Initial engagement will be for one year & further extensions will be given (based on performance report) by competent authority.

Addl.Chief Medical Superintendent.
EDH/N.RLY/JUDW

Signature of applicant (HVS)

Date: