



Gujarat State Electricity Corporation Limited
An ISO-9001-2008 Certified Company

Regd. Office: Vidyut Bhavan, Race Course, VADODARA – 390 007.
Tel: 0265 – 6612052/53 Fax : 0265-2339308 Email: dgmhr.gsecl@gebmail.com
Web: www.gsecl.in

ADVERTISEMENT

Gujarat State Electricity Corporation Limited is a Power Generation Company of erstwhile GEB having Power Stations at different locations. Applications are invited for the post of **MEDICAL OFFICER – ST** category

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LADY DOCTOR - SEBC (Couple Doctor will be preferred)

1. Post : Medical Officer -01 & Lady Doctor – 01
2. Qualifications : For Medical Officer MD or MBBS with DGO
For Lady Doctor MBBS with DGO
(Industrial Physician Course would be preferred)
3. Pay Scale : Medical Officer – ₹ 27000-44710
Lady Doctor - ₹ 21200-42000
4. Age limit : 35 years on the date of Advertisement.
5. Roster Reservation : Medical Officer –ST & Lady Doctor -SEBC

General:

- 1] Total emoluments at the minimum of the pay scale inclusive of DA, CLA, HRA etc. will be ₹ 69697/-p.m. for Medical Officer & ₹ 54810/- p.m. for Lady Doctor. These posts also carry perquisites like of CLA, LTC/Home Town, Gratuity, Leave Encashment, Medical Reimbursement, CPF, etc. as per rules.
- 2] The candidates working with Govt. or Semi Govt. Organization should send their application through proper channel and ‘No Objection Certificate’ from the concerned organization shall be produced at the time of interview otherwise such applications will not be considered.

- 3] The selected candidates shall have to produce relieving letter from previous employer at the time of resuming duties.
- 4] Canvassing in any form shall be a disqualification.
- 5] Incomplete application or applications without enclosures will be rejected without assigning reason thereof.
- 6] Reserved category candidates will have to submit their caste certificate & SEBC candidates shall have to submit Latest Creamy Layer Certificate in પરીશિષ્ટ- ૬ in Gujarati.
- 7] Management reserves the right to short list applications for the interview. The selection & subsequent appointment will be governed by the prevailing rules.
- 8] Administrative Charges (non refundable) ₹ 500 for SEBC and ₹ 250 for ST are to be paid through Demand Draft only, and payment in any other mode is not acceptable. Candidates are required to attach Demand draft issued by a Nationalised Bank in favour of “Gujarat State Electricity Corporation Ltd.” Payable at Vadodara along with application. The details of the same should be specified correctly in the application.

Candidates meeting with the requirements may send their resume in attached proforma along with 2 passport size photographs and attested copies of School Leaving Certificate, Degree Certificate, Marksheet, Registration Certificate & Caste Certificate on or before dtd. **15.07.2013** to the I/c..CGM (HR&A) GSECL, Viduyt Bhavan, Race Course, Vadodara – 390007.

(A.D.Karpe)
I/c. Chief General Manager (HR&A)

APPLICATION FORM

FOR THE POST OF MEDICAL OFFICER



NAME IN FULL : _____
(Surname) (Name) (Middle Name)

ADDRESS : _____

PHONE NO./Mobile No.(With STD Code) : _____

EMAIL ADDRESS: _____

BIRTH DATE :

(DD)

(MM)

(YY)

SEX : _____

Marital Status : _____

CASTE (ST) : _____

Demand Draft detail:

Demand Draft No.	
Demand Draft Date	
Issuing Bank	
Amount	

PROFESSIONAL QUALIFICATION:

Sr. No.	Name of Professional Course	Name of University	Passing Year	Total Marks	% age of Marks obtained

PROFESSIONAL WORKS EXPERIENCE: (Only post qualification)

Sr. No.	Name of Organization	Designation	Period of service Date From To	Total experience in Year & Months	Job responsibility

Check List

This check list to be attaché with the hard copy of the application and appropriate boxes to be (√) tick marked and the document to be attached

1	Mark sheet of Final Year	
2	School Leaving Certificate	
3	Caste Certificate (ST)	
4	Two recent size passport photographs	
5	Any additional qualification mark sheet	
6	Demand Draft	

I certify that the statement made by me in the application are complete and correct to the best of my knowledge and belief. I further undertake that if any information given herein above is wrong then I am liable for being dismissal from the service of the Company.

SIGNATURE OF THE CANDIDATE

DATE:

APPLICATION FORMAT

FOR THE POST OF AMO / LADY DOCTOR

NAME IN FULL : _____
(Surname) (Name) (Middle Name)

ADDRESS : _____

PHONE NO./Mobile No.(With STD Code) : _____

EMAIL ADDRESS: _____

BIRTH DATE :

(DD)

(MM)

(YY)

SEX : _____

Marital Status : _____

CASTE : _____

Demand Draft detail:

Demand Draft No.	
Demand Draft Date	
Issuing Bank	
Amount	

PROFESSIONAL QUALIFICATION:

Sr. No.	Name of Professional Course	Name of University	Passing Year	Total Marks	% age of Marks obtained

PROFESSIONAL WORKS EXPERIENCE: (Only post qualification)

Sr. No.	Name of Organization	Designation	Period of service Date From To	Total experience in Year & Months	Job responsibility

Check List

This check list to be attaché with the hard copy of the application and appropriate boxes to be (√) tick marked and the document to be attached

1	Mark sheet of Final Year	
2	School Leaving Certificate	
3	Caste Certificate (Along with latest creamy layer certificate)	
4	Two recent passport size photographs	
5	Any additional qualification mark sheet	
6	Copy of Registration Certificate	
7	Demand Draft	

I certify that the statement made by me in the application are complete and correct to the best of my knowledge and belief. I further undertake that if any information given herein above is wrong then I am liable for being dismissal from the service of the Company.

SIGNATURE OF THE CANDIDATE

DATE: