

## **GAIL (India) Limited**

(A Government of India Undertaking)
(A Maharatna Company)
Post Office – Pata, Distt.-Auraiya (UP), PIN - 206241
PHONE: 05683 – 282055, 230303,
Website: www.gailonline.com

Corporate Identification Number: L40200DL1984GOI018976
Advertisement No.: GAIL/PATA/MS/CONTRACT/01/17

#### **Engagement of Medical Professionals on Contract Basis as Part-time Visiting Specialist Doctor.**

GAIL (India) Limited, a Maharatna PSU is looking for qualified and experienced Medical professionals to be engaged on contract basis as a Part Time Visiting Specialist Doctor for **Dhanwantri Hospital, GAIL Gaon, Dibiyapur, District – Auraiya (UP) PIN - 206244** for the Post as per details given below;

#### Table-1

| SL. No. | Name of the Post                             | No. of Posts | Remarks                                  |
|---------|--|--------------|--|
| 1       | VISITING SPECIALIST DOCTOR (CARDIOLOGIST)    | 01           | One visit per month of 03 hrs. duration. |
| 2       | VISITING SPECIALIST DOCTOR (ENDOCRINOLOGIST) | 01           | One visit per month of 03 hrs. duration. |

# ELIGIBILITY FOR PART TIME VISITING SPECIALIST DOCTOR (CARDIOLOGIST/ENDOCRINOLOGIST):

#### MINIMUM ESSENTIAL QUALIFICATION:

MCI recognized full-time MBBS Degree along with MD in Medicine and DM (Cardiology) for Cardiologist and MCI recognized full-time MBBS Degree along with MD in Medicine and DM (Endocrinology) for Endocrinologist.

#### **DESIREABLE EXPERIENCE:**

Preference will be given to the candidates those who are having post qualification experience in respective discipline.

#### **EMOLUMENTS & OTHER CONDITIONS:**

- 1) Consolidated Consultation charges @ Rs.2,000/- will be paid per hour.
- 2) Maximum permissible Visits: 1 visit per month of 03 hrs. duration.
- 3) Consultant will be paid To and Fro local conveyance charges @ Rs.7.40/- per K.M. per visit.

#### **HOW TO APPLY:**

Interested and eligible candidates should download the requisite application format attached and send the same duly completed and signed within 20 days from the date of publication of this advertisement by registered post to **Dr. Mohd. Amil, Dy. General Manager (Medical Services), GAIL Dhanwantri Hospital, GAIL (India) Limited, Pata, Distt.— Auraiya, Uttar Pradesh, Pin Code- 206244.** Candidates are required to send one set of photocopy of all relevant testimonials as indicated below along with the application and 2 passport size colour photographs.

- (i) All Certificates/ Testimonials in respect of qualifications (all semester/ year-wise Mark Sheet, Degree and Diploma certificates starting from matriculation onwards).
- (ii) Certificate of registration with Medical Council of India or with State Medical Council and internship completion certificate.
- (iii) Complete and proper Experience certificates/ Documents issued by the Employer in support of experience details mentioned by the candidate in the Application Form.
- (iv) NOC/ Forwarding Letter from the employer in case the candidate is employed in Central/ State Government Department, Central/ State PSUs or Semi Government organization.
- (v) Candidates should ensure that they submit all the documents mentioned above. In the event of failure of candidates to submit any of the required documents as mentioned above within the stipulated period, candidature of such candidate shall be liable to be rejected.

Shortlisted candidates will be called for interview on a convenient date. For any queries, candidates may contact **Dr. Mohd. Amil, Dy. General Manager (Medical Services), GAIL Dhanwantri Hospital, GAIL (India) Limited, Pata, Distt – Auraiya, Uttar Pradesh, Pin Code- 206244** at Landline: 05683- 282226, Mob: 09759010813 & 09411865024.

#### OTHER TERMS & CONDITIONS AND GENERAL INSTRUCTIONS:

- a) Only Indian Nationals are eligible to apply.
- b) Engagement will be Part-time, temporary tenure and on contract basis. Initial period of engagement will be for six months only. Based on the performance, period of engagement may be extended further on six monthly basis. However, total period of contract engagement will not exceed beyond 03 years under any circumstance.
- c) Contract tenure will commence from the date of joining. Selected candidates will have to sign a contract with GAIL for the above engagement in the specified format.
- d) Notice period of 30 days would be required to be given from either side for termination of contractual engagement if terminated prior to completion of stipulated tenure of engagement.
- e) Selected candidate will not have any right whatsoever to claim for regular appointment in GAIL by virtue of working as a part-time visiting Specialist Doctor on contract basis.
- f) Candidates should ensure that they fulfill the essential eligibility criteria prescribed for the post for which they have applied. In case it is found at any stage of the selection process or even after engagement that the candidate has furnished false or incorrect information or suppressed any relevant information/ material facts or does not fulfill the essential eligibility criteria, his/her candidature/agreement/services are liable for rejection/ termination

without notice.

- g) Candidates presently employed in Central/ State Govt. Departments, Central/ State PSUs or Semi Government Organizations shall either forward their application through **Proper Channel** or shall produce **NOC** from their present employer at the time of Interview.
- h) GAIL also reserves the right to fill or not to fill all or any of the above positions and cancel/ restrict / enlarge/ modify/ alter the engagement process without any further notice or assigning any reasons whatsoever.
- i) The prescribed qualification/ experience are the minimum and mere possession of the same does not entitle a candidate for participating in the Selection Process. GAIL's decision shall be final in this regard.
- j) Any important information including Corrigendum/Changes/Updates and information on selected candidates and general instructions during the course of engagement process shall be made available either through the website or on the e-mail id provided by the candidates. Candidates may therefore provide a valid e-mail id and keep it active for at least one year, simultaneously tracking the website for updates.
- k) Any canvassing directly or indirectly by the applicant will disqualify his/her candidature. Any dispute with regard to engagement against this advertisement will be settled within the jurisdiction of Auraiya (UP) Court only.

#### **IMPORTANT DATES:**

| Commencement of Submission of Applications | From the date of advertisement               |  |  |
|--|--|--|--|
| Last date of submission of applications    | Within 20days from the date of advertisement |  |  |

Advt. No. GAIL/Pata/MS/Contract/01/17

Corporate Identification No.:L40200DL1984GOI018976 E-Mail: <a href="mailto:careers@gail.co.in">careers@gail.co.in</a>, Website:<a href="mailto:www.gailonline.com">www.gailonline.com</a>

Advt. No. Post Applied For Affix Recent Passport Size Photograph

| 1  | Name of the candidate                |  |
|----|--------------------------------------|--|
| 2  | Nationality                          |  |
| 3  | Father's Name                        |  |
| 4  | Mother's Name                        |  |
| 5  | Date of Birth                        |  |
| 6  | Category : (General / SC / ST / OBC) |  |
| 7  | Mailing address :                    |  |
|    | House No. & Street                   |  |
|    | Area                                 |  |
|    | City / Town with Pin Code            |  |
|    | District                             |  |
| 8  | Telephone No.                        |  |
| 9  | Mobile No.                           |  |
| 10 | E-mail address                       |  |
|    |                                      |  |

### **Qualification:**

| SI.<br>No. | Exam Passed | University | Year of passing | Class | Percentage of Marks |
|------------|-------------|------------|-----------------|-------|---------------------|
|            |             |            |                 |       |                     |
|            |             |            |                 |       |                     |
|            |             |            |                 |       |                     |

| N | Medical Council Registration No. & Place |  |
|---|--|--|
|   |  |  |

## **EXPERIENCE**:

| SI No. | Organization | Post Held | Period |    | Last Pay | Nature of duties |
|--------|--------------|-----------|--------|----|----------|------------------|
|        |              |           | From   | То |          |                  |
|        |              |           |        |    |          |                  |
|        |              |           |        |    |          |                  |

I certify that the above information is correct and supporting documents are enclosed.

PLACE: SIGNATURE:

DATE: NAME: