

आंचलिक कार्यालय , हैदराबाद ZONAL OFFICE, HYDERABAD

ADVERTISEMENT FOR APPOINTMENT OF PART-TIME MEDICAL CONSULTANT ON CONTRACT BASIS

APPLICATIONS ARE INVITED FROM ELIGIBLE MEDICAL PRACTITIONERS FOR THE POST OF PART TIME MEDICAL CONSULTANT AT BANK OF BARODA, ZONAL OFFICE, HYDERABAD ZONE, HYDERABAD.

Sr. No.	Item	Terms & Conditions
1.	Basic Qualification	<u>General Medicine</u> a. M.D. in general medicine (P.G. Qualification recognized by Medical Council of India) with at least three years' experience after passing M.D. b. In case Doctors with M.D. Qualification are not available, Doctors with Basic Qualification of M.B.B.S. and having at least 5 years of experience after passing M.B.B.S.
2.	Age	Medical Consultant should not be more than 55 years of age at the time of appointment.
3.	Working Hours	Minimum 15 hours per week (Monday to Saturday) At the Bank's designated center in Himayathnagar Proposed Timings: 03:00 pm to 05:30 pm
4.	Period of Contract	Initially, the appointment shall be for a period of one year and on satisfactory completion of the same, the duration of the contract shall be for a period of three years, including the initial period of first year.
5.	Review of Contract	The terms of contract will be reviewed after a period of three years.
6.	Termination of Contract	The contract can be terminated by one month's notice on either side at any time during the subsistence of the period of contract.
7.	Consolidated Fees (inclusive of petrol / conveyance expenses)	<ul style="list-style-type: none"> • MD (Medicine) - Rs. 30000 p.m. • MBBS (Medicine) - Rs. 25000 p.m.
8.	Compounder Fees	Rs. 4000 p.m.
9.	Procedure for Selection	After scrutiny of applications, a selection panel, consisting of Zonal Head, Zonal HR Head, Dean of Medical College or Head of Department of Medicine in Govt. Medical College and the Bank's Medical Consultant shall select the part-time Medical Consultant for Hyderabad Zone
10.	Other Conditions	Part-time Medical Consultants shall not be eligible for any benefits as available to Part-time/ Full-Time employees of the Bank i.e. they will not be eligible for any Leave, Leave Fare Concession, Provident Fund, Gratuity or any other terminal benefits, Bonus, Reimbursement of Medical Expenses, Brief Case, Newspaper etc.

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		<p>No person will be allowed to be engaged by the Medical Consultants. The Consultants have to make their own arrangements for providing substitute during their absence at their own cost.</p> <p>Except the services of the Compounder, no other person will be allowed to be engaged by the part time Medical Consultants.</p>
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Note: Willing Medical Practitioners with above mentioned eligibility criteria are requested to submit their bio-data in the below mentioned format given as Annexure and requisite documents and certificates proving eligibility on plain A4 Size paper alongwith -2- Passport Size Photographs, ADHAAR and PAN Details and mention latest contact number in the application mandatorily

Applications should be addressed to Chief Manager (HRM) Zonal Office HRM Department, Hyderabad Zone, 3-6-289 1st Floor Kareem Manzil, Old MLA Quarters Road Hyderguda, Hyderabad-500029

Last date for Submission of Application is 03.09.2020 05:00 pm

Bank reserves the right to reject any/ all the applications without assigning any reason whatsoever and Bank's decision in this regard will be final.

For any query/ clarity, you may please contact Mr. Parthib Sarkar, Chief Manager (HRM), Bank of Baroda, Zonal Office, Hyderabad Zone at 040-23287208/221

**General Manager
Hyderabad Zone**

Place: Hyderabad

Date: 30.07.2020



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ANNEXURE

Application for PART TIME MEDICAL CONSULTANT

Please affix
photograph here

(ALL IN CAPITAL)

1. NAME : _____
(Surname) (Name) (Middle Name)

2. FATHER'S NAME :

3. (a) DATE OF BIRTH :

(b) AGE IN YEARS :

4. NATIONALITY :

5. MARITAL STATUS :

6. (a) ADDRESS : _____

(PERMANENT)

CITY

PIN

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(b) ADDRESS FOR

COMMUNICATION :

CITY

PIN

7. CONTACT DETAILS : RESIDENCE: _____

MOBILE: _____

EMAIL ID: _____

8. EDUCATIONAL QUALIFICATIONS:

Exam Passed	Year of Passing	University/ Board	Nome of Institution	% age/ Marks	Grade

9. EXPERIENCE:

S. No.	Name of the Organization (starting with the present employer)	From Date	To Date	Posted at	Designation

I hereby declare that the information furnished above is true.

(Attach the copy of the Educational Qualifications and Experience Certificate)

Date:

Place:

(Signature of the Candidate)