



SCHEME FOR APPOINTMENT OF PART-TIME MEDICAL CONSULTANTS ON CONTRACT BASIS AT BANK OF BARODA MANGALURU.

Bank of Baroda, Zonal Office (Mangalore Zone), Vijaya Towers, LHH Road, Mangalore 575003 invites applications for Bank's Part Time Medical Consultant (One Post) at Mangalore.

S no	Particulars	Terms & Conditions
1	Basic Qualification	General Medicine a. M.D. in General medicine (P.G. Qualification recognized by Medical Council of India) with at least 3 years' experience after passing M.D. OR b. M.B.B.S having at least 5 years of experience after passing M.B.B.S. Homeopathy a. MD in Homeopathy with at least 3 years of experience after passing M.D. OR b. BHMS with at least 5 years of experience after passing BHMS
2	Age	Medical Consultant should not be more than 55 years of age at the time of appointment and shall not be allowed to continue beyond 70 years of age.
3	Working Hours	MD / MBBS- Minimum 15 hours per Week (Monday to Saturday) MD (Homeopathy)/ BHMS- minimum 6 hours per week (Monday to Saturday)
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	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
6	Consolidated Fees	a. The consolidated fees of M.D. (Medicine) Doctor will be Rs. 30,000/- per month (Inclusive of Petrol/Conveyance expenses). b. The consolidated fees of M.B.B.S. Doctor will be Rs. 25,000/- per month (Inclusive of Petrol/Conveyance expenses). c. BHMS /MD Homeopathy will be Rs.15,000/- per month lump sum(Inclusive of Petrol/Conveyance expenses). > Bank will not pay any types of other fee/charges other than consolidated fee as mentioned above. > Taxes will be deducted as per applicable statutory provisions.
7	Compounder Fees	The Charges payable to the Part-Time Medical Consultant (Doctor) for the services of a Compounder engaged by him/her shall be Rs. 4,000/- per month.



बैंक ऑफ़ बड़ौदा **Bank of Baroda**

8	Procedure for Selection	Applications received will be scrutinized and eligible candidates will be called to appear for personal interview before selection panel constituted by the Bank, at the date, time and venue intimated in advance.
9	Other Conditions	<p>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.</p> <p>Except the service of the compounder no other person will be allowed to be engaged by the Part-Time Medical Consultants.</p> <p>Part-time Medical Consultants will have to make their own arrangements for providing substitute during their absence, at their own cost.</p>

Interested Doctors may apply with full bio-data (attached) along with passport size photograph and copy of the Educational Qualification certificates and experience certificates.

Application should reach at the above address by post only in the enclosed format on or before 28.11.2019.

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.

General Manager

Mangalore Zone

Place: Mangalore

Date: 11.11.2019



बैंक ऑफ़ बड़ौदा *Bank of Baroda*

BIO DATA

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

(b) ADDRESS FOR
COMMUNICATION : _____

CITY PIN



बैंक ऑफ़ बड़ौदा **Bank of Baroda**

7. CONTACT DETAILS : RESIDENCE: _____

MOBILE: _____

EMAIL ID: _____

8. EDUCATIONAL

QUALIFICATIONS :

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

9. EXPERIENCE:

S. No.	Name of the Organisation (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