



बैंक ऑफ़ बड़ौदा
Bank of Baroda



प्रधान कार्यालय, बड़ौदा / HEAD OFFICE, BARODA

ADVERTISEMENT FOR ENGAGEMENT OF A PART TIME MEDICAL
CONSULTANT AT HEAD OFFICE, BARODA

BANK OF BARODA DESIRES TO ENGAGE A PART TIME MEDICAL CONSULTANT AT
HEAD OFFICE, ALKAPURI, BARODA ON CONTRACT BASIS

NO. OF VACANCIES: 01

ELIGIBILITY CRITERIA:

Qualification	Remuneration	Working Hours	Compounder Fees
MD (Medicine)	₹.30,000/- p.m.	Min. 15 hours per week (Mon. to Sat.)	₹.4,000/- p.m.
OR			
MBBS (Medicine)	₹. 25,000/- p.m.	Min. 15 hours per week (Mon. to Sat.)	₹.4,000/- p.m.

Items	Other Terms & Conditions
Experience	At least three years of post-qualification experience / practice.
Age	Incumbent should be below 55 years as on 01-04-2021 i.e. date of birth on or after 01-04-1966 .
Period of Contract	Initially, the appointment shall be for 01 year on satisfactory completion of the same, the contract shall be renewed for 03 years including initial period of 01 year, subject to review after end of each year.
Termination of Contract	The contract can be terminated by giving 01 month's prior notice on either side at any time during the subsistence of the contract period.
Other Conditions	I) Part Time Medical Consultant shall not be eligible for any benefits as available to part time /full time employees of the Bank i.e. Leave, LTC, Provident Fund, Gratuity or any other terminal benefits like Bonus, Medical expenses, Briefcase, Newspaper etc. II) Except the services of the Compounder, no other person will be allowed to be engaged by the Medical Consultant. III) Medical Consultant must be resident of Baroda City only. IV) Degree / Qualification recognized by Medical Council of India. V) After scrutiny of applications a personal interview either online / offline shall be conducted.

प्रधान कार्यालय, कार्यालय विभाग, 7वा तल, बड़ौदा भवन, अलकापुरी, बड़ौदा-390007 भारत.

Head Office, Office Administration Dept., 5th floor, Baroda Bhavan, Alkapuri, Baroda-390007, India ई-मेल /E-mail -
oa.ho@bankofbaroda.com Phone No. 0265-2316599 / 76



बैंक ऑफ बड़ौदा
Bank of Baroda



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	VI) No person will be allowed to be engaged by the Medical Consultant.
	VII) The consultant have to make their own arrangements for providing substitute during their absence at their own cost.
	VIII) Applicants should apply in attached format only.

Note- Email ID should be valid one, as any correspondence including call letter for interview shall be sent through email only.

HOW TO APPLY:

The interested Medical Practitioner who strictly fulfil the above mentioned criteria may send their brief Bio-data as per attached Annexure **by post/by hand delivery** to reach our office **on or before 28-04-2021** super scribed on the envelope **“Application for the post of Part Time Medical Consultant “**.

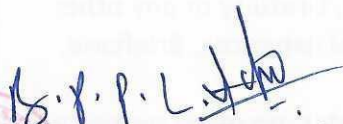
The application should be **addressed /delivered to Chief Manager, (HRM-OA), Bank of Baroda, Head Office “Baroda Bhawan”, 5th floor, Alkapuri, Baroda-390007.**

Last Date for Submission of Application: 28-04-2021.

Bank shall not be responsible for delay/loss in transit, hence applicant should ensure to submit his/her application in time so as to reach us on or before the last date.

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 contact Mr Pradeep Awasthi, Senior Manager at **0265-2316576 (M) 08155065286 .**


P.P.L. Achari Balaga)
CHIEF MANAGER
(HRM-OFFICE ADMINISTRATION)
Date-01-04-2021

Format of Application for Part Time Medical Consultant on Contract Basis

To,
The Chief Manager,
(HRM-OA)
Bank Of Baroda,
5th Floor, Baroda Bhavan,
Head Office,
Alkapuri,
BARODA-390007



affix
photograph here

Dear Sir,

Re: Application for Bank's Part Time Medical Consultant on Contract Basis at Head Office, Baroda

I refer to the advertisement published in the newspaper/Website on _____ and apply for the captioned post by submitting hereunder my Bio-data.

1. NAME:

(Surname)	(first Name)	(Middle Name)
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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

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 Organization (starting with the present employer)	From Date	To Date	Posted at	Designation

I hereby declare that the information furnished above is true.

I have read the details pertaining to period of contract, timings and place, fees, job role, terms & conditions etc. on Bank's website and understood the same. I undertake to abide by the details given on website.

(Attach the copy of the Educational Qualifications, Experience Certificate, Aadhar Card & PAN Card)

Date:

Place:

(Signature of the Candidate)