



Advertisement for Inviting application for Retainer Doctor

Indian Oil Corporation Limited Requires Retainer Doctor

Applications are invited from Medical professionals for engagement of Retainer Doctor(s) to visit our location : **Indian Oil Corporation Limited (Pipelines Division), Northern Region Pipelines, Mathura-Bharatpur State Highway, Village-Dhormui, Post- Rarah, Dist. - Bharatpur-321025** for 2 hours for 3 days in a week at above location (i.e. 6 hrs/week). Doctors with MD(Medicine)/MS(General Surgery)/MBBS qualification and minimum 2 years' experience as General Practitioner are eligible to apply. However, doctors with MD(Medicine)/MS(General Surgery) will be preferred over MBBS. The retainer fees for doctors with MD(Medicine) / MS (General Surgery) shall be Rs.1320/- per hour and retainer fees for doctors with MBBS qualification shall be Rs.1020/- per hour. The remuneration will be paid on actual attendance basis. An increase of 5% annually on cumulative basis shall be paid for subsequent years. The initial period of contract will be for 3 years, which can be terminated by either side by giving 3 months' notice. On expiry of 3 years, further extension of 2 years can be granted on mutual agreement.

Interested candidates may send their application in a sealed cover superscribing “**Application for Retainer Doctor**” to **Senior Operations Manager, Indian Oil Corporation Limited (Pipelines Division) Northern Region Pipelines, Bharatpur, Rajasthan-321025 (Tel. No. 9672491222, 9460211374)** latest by _____ (15 days from the Advt. Date) in the format as enclosed at <https://www.iocl.com/latest-job-opening>

For further details, please write on e-mail ID gautamsk2@indianoil.in or contact on 9672491222/ 9460211374

**Application for Doctor on retainership basis at Indian Oil Corporation Limited,
Northern Region Pipelines, Bharatpur**

1. Name of the Applicant:

2. Date of Birth:

3. Residence & Clinic address with telephone no. cell no. & e-mail id:

4. Educational Qualification: (Medical Qualifications only)

Please affix latest,
self – attested
passportsize
colour
photograph

S. No.	Details of qualification / Name of the Degree	Specialization	College / University / Institute	Year of Passing

Add extra sheets (if required)

5. Experience as a Medical Practitioner:

S. No.	Name of Hospital Posted	Department	Designation	Period	
				From	To

Add extra sheets (if required)

6. Details of Certificate of Registration:

Registration Number	Year of Registration	State Medical Council

7. Any other information :

I hereby declare that the information furnished by me above is true to the best of my knowledge.

Place :

Date :

(Name & Signature of the applicant)

Please enclose the following along with application:

- a) Copy of Certificate of Medical Qualification [MD(Medicine) / MS(General Surgery) / MBBS]
- b) Copy of Experience Certificates etc.
- c) Copy of Certificate of Registration (should be valid on date of submission of application)