

IndianOil



Advertisement - Inviting application for Retainer Doctor

Applications are invited from Medical professionals for engagement of Retainer Doctor(s) to visit our locations as per following details & schedule:

Sl	Location details	Weekly schedule / visits	
1	Indian Oil Corporation Limited (Pipelines Division) Northern Region Pipelines, Kapashera Najafgarh Road, Bijwasan, Delhi-110061		
2	Indian Oil Township, Sector-10A, Gurgaon (Haryana)- 122001	2 hourly visits for 2 days in a 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 DGM(HR), Indian Oil Corporation Limited (Pipelines Division) Northern Region Pipelines, Kapashera Najafgarh Road, Bijwasan, Delhi-110061 (Tel. No. 011-20897369) latest by 15 days from the date of publication of advertisement

For further details, please write on e-mail ID <u>gahlotg@indianoil.in</u> or contact on 011-20897369/ mobile no. 9808146176.

Application for Doctor on retainership basis at IOCL Northern Region Pipelines, Bijwasan Office and IOCL Gurugram Colony.

- 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)

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.	Name of Hospital Posted	Department	Designation	Period	
No.				From	То

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)

Please affix latest, self – attested passportsize colour photograph