



IndianOil Corporation Limited

Pipelines Division Requires Retainer Doctor at Western Region Pipelines, Rajkot

Applications are invited from Medical professionals for engagement of Retainer to visit our IndianOil Corporation Ltd. Western Region Pipelines, Regional HQ, Morbi Road, Bedi Para, Gauridad, Rajkot (360003), Gujarat (India) and IOCL Residential Colony (Mt. Girnar Complex), Behind Crystal Mall, Kalawad Road, Rajkot (360005), Gujarat (India), for 2 hrs./day 3 days each at place (IOCL, WRPL, Regional HQ, Gauridad, Rajkot and IOCL Residential Colony (Mt. Girnar Complex), Rajkot) 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. 1100/- hrs. and retainer fees for doctors with MBBS qualification shall be Rs. 900/- hrs. The remuneration will be paid on actual attendance basis subject to maximum remuneration limited to 52 hours in a month. 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 super-scribing "Application for Retainer Doctor" to Anurag Shrivastava, AM (ES), IndianOil Corporation Ltd. Western Region Pipelines, Regional HQ, Morbi Road, Bedi Para, Gauridad, Rajkot (360003), Gujarat (India) within 14 days of publication of the EOI in the given format as Annexure 'A'.

For further details, please write on e-mail id shrivastavaa2@indianoil.in or contact on +91 7877638630.



Annexure- "A"

Application for Retainer Doctor on Contract Basis

1. Doctor's Name:	
2. Date of Birth:	
3. Qualification:	
4. Registration No.	
5. Mobile No.	
6. E-Mail Address:	
7. Experience:	
8. Residence and Clinic Address with Telephone no.:	

Date:

Signature