

## NOTICE

SOUTH EASTERN RAILWAY  
OFFICE OF THE MEDICAL DIRECTOR  
CENTRAL HOSPITAL, SOUTH EASTERN RAILWAY, GARDEN REACH  
KOLKATA 700043

### **ENGAGEMENT OF SENIOR RESIDENTS**

#### **WALK IN INTERVIEW TO BE HELD ON - 18.06.2014, AT-11 A.M.**

- **Vacancy** status is as under:
  - General Medicine- 02
  - Anaesthesiology - 02
  - General Surgery- 01
  - Obstetrics & Gynaecology- 01
- **Educational qualification:** MD/MS/DNB in the concerned specialty, recognized by MCI, and having passed on or before **31/05/2014**. Candidate's with appeared for their final examination post Graduate are also eligible to appear for the interview but there will be provisional only. Candidate with above qualification is not available in GNO and anesthesiology, those with DGO qualification and D.A qualification (MCI recognized) with at least 03 years post-diploma experience can be considered.
- **Tenure:** The contract of appointment will be for one year, which is renewable up to a maximum period of three years, subject to renewal/ extension every year (which is subject to satisfactory work, conduct & performance). The termination of contract can be done on one month's notice or pay from either side.
- **Emoluments:** Pay band (PB-3) - Rs. 15,600- 39,100/- + Grade pay 6,600/- (Basic pay Rs.25,350/-) and other allowances as admissible for Sr. Residency scheme under Ministry of Railways. These include non-practicing allowance @ 25% of the basic pay, post-graduate allowance @ **200/- p.m** for PG degree or **100/- p.m** for PG Diploma holders, and DA, CCA & HRA as per Central Govt. rules on the basis of monthly emoluments. Approx. total monthly emolument will be Rs. **69,776/- (excluding HRA)**.
- **Accommodation:** Single, unfurnished free accommodation would be provided to selected Senior Residents subject to availability; if not, HRA would be admissible as per the extant rule.
- **Leave entitlement:**
  - One day weekly off by rotation
  - Entitled to total 20 days in one contract year which can be availed as not more than 10 in a 6-month period.
  - Not entitled to any vacation or any other leave during the contract period.
- **Duties & responsibilities:**
  - Duties & responsibilities will be as fixed by the Railway administration from time to time.
  - They will be required to perform any work as may be needed in the legitimate interest of Railway Administration including National programmes or during Railway accidents, in addition to their specialty work.
  - No private practice shall be permitted.
- **Medical treatment facility:**
  - Free OPD treatment facility as available in railway hospital will be provided for self only.
  - Free indoor treatment facility as available in railway hospital will be provided for self only in emergency acute illness situations.
  - There shall not be any provision for referral to other private medical centre for treatment
  - Free medical treatment for spouse or any other family member will not be available.

- **General Instructions:**

- All the columns in the application form must be filled up properly as applications with incomplete/ incorrect information are liable to be rejected summarily.
- All the required certificates duly self attested & attested by a Gazetted officer must be attached with the application. The candidates must have their original certificates & publications, if any with them at the time of interview for verification.
- Please note that any discrepancy pertaining to the documents may invite cancellation of offer of appointment as well as legal action under the relevant provision of IPC.
- Enclosures as mentioned in the application form are to be attached definitely.
- Candidates already having done 03 (three) years' Senior Residency in any other institution need not apply.
- No application fee will be charged from any candidate.
- No TA/DA will be paid for appearing in the interview.
- List of selected candidates will be displayed on the hospital notice board & at [www.ser.indianrailways.gov.in](http://www.ser.indianrailways.gov.in); moreover, the offer of appointment also will be sent to the selected candidates by email & speed post.
- The selected candidates will have to report for duty within a period of 10 days from the display in notice board/ website or issue of the appointment letter. Candidature may be cancelled in case of non-compliance for reporting in the prescribed time.
- All the selected candidates will have to produce and deposit their original certificates at the time of joining. Any discrepancy may invite cancellation of appointment and legal action as per rule.
- The decision of the selection board will be FINAL. In case of any legal dispute, the jurisdiction of Court will be Kolkata.

**For Medical Director/GRC.**

**APPLICATION & SELF DECLARATION FOR POST OF SENIOR RESIDENT IN THE SPECIALITY OF.....**

Ref:



To  
The Medical Director  
Central Hospital  
South Eastern Railway  
Garden Reach

**A. PERSONAL DETAILS – (ANY SUPPRESSION OF FACTS OR FALSE INFORMATION WILL LEAD TO CANCELLTION OF CANDIDATURE)**

1. Name (BLOCK LETTERS) \_\_\_\_\_
2. D.O.B. \_\_\_\_\_ 3. Age on 31.05.2014: \_\_\_\_\_ (Yrs.)
4. Father's Name, Address/Occupation \_\_\_\_\_  
\_\_\_\_\_
5. Marital Status \_\_\_\_\_ 6. Husband/Wife's Name \_\_\_\_\_
7. Husband/Wife's Occupation and Official Address: \_\_\_\_\_  
\_\_\_\_\_
8. Present mailing address(BLOCK LETTERS): \_\_\_\_\_  
\_\_\_\_\_
9. Permanent mailing address(BLOCK LETTERS) \_\_\_\_\_  
\_\_\_\_\_

**B. Means of Communication:**

1. E.mail address : \_\_\_\_\_
2. Mobile No. \_\_\_\_\_ 3. Land Line No (With STD Code) \_\_\_\_\_

**C. IDENTIFICATION DETAILS(Sr.No.1 & any other essential)**

1. PAN CARD No. \_\_\_\_\_ Date of issue & validity \_\_\_\_\_  
Issuing authority \_\_\_\_\_
2. VOTER ID No. \_\_\_\_\_ Date of issue & validity \_\_\_\_\_  
Issuing Authority \_\_\_\_\_
3. ADHAAR CARD No. \_\_\_\_\_ Date of issue & validity \_\_\_\_\_  
Issuing Authority \_\_\_\_\_
4. PASSPORT NO. \_\_\_\_\_ Date of issue and validity \_\_\_\_\_  
\_\_\_\_\_

(Please give a declaration if a passport has not been issued till now)

Signature of Candidate

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**D. EDUCATIONAL QUALIFICATION & EXPERIENCE DETAILS**

**1. GRADUATION DEGREE**

1	Medical college, university, State	MBBS Exams Passed in year	Marks obtained/ total marks	% of Marks	Attempts in MBBS	Internship completion
		1 <sup>st</sup> Prof 2 <sup>nd</sup> Prof 3 <sup>rd</sup> Prof 4 <sup>th</sup> Prof Final passing out in year	/ / / / Grand total ____ Out of ____ BE Marks Marks/Out of	1 <sup>st</sup> Prof% 2 <sup>nd</sup> Prof% 3 <sup>rd</sup> Prof% 4 <sup>th</sup> Prof% Total % ____ Total % ____ NBE	Total No of Attempts	Institution    Date

**2. POST GRADUATE DEGREE/DNB**

3.	Institution, University & Year of Passing	Period of Training with date	Subjects & total No. of attempts	Marks obtained & %	Details of Publications, Papers Presented During P.G. etc.

**3. DETAILS OF POST DEGREE Experience till to day**

4.	Name & Address of Institution	Total period with dates	Nature of job responsibilities held	Details of Publications, Paper presented after P.G., conferences attended in last 1 year.

**E. REGISTRATION DETAILS**

Medical Council of India/State Medical Council	West Bengal Medical Council (Proof of having applied for W.B. Registration is a must before the joining)
CL & STATE M.C. Regn No. Date:	W.B.M.C. Regn No. Date:
REMARKS	REMARKS

**F. Details of Certificates:** Copies of documents duly self attested & attested by a Gazetted Officer (Stamp should bear the Name Designation of the Officer) to be submitted with application form

S. No	TYPE OF DOCUMENT SUBMITTED	WHETHER SUBMITTED (WRITE YES/NO)	IF NO GIVE REASONS THERE FOR	REMARKS (BY THE SCRUTINIZING OFFICIAL)
1.	Date of Birth Certificate			
2.	Mark sheets of MBBS(all proof)			
3.	Degree Certificate of MBBS			
4.	MBBS attempt certificate			
5.	Internship Completion Certificate			
6.	MCI/STATE Registration Certificate			
7.	West Bengal Registration Certificate			
8.	Degree Certificate (MCI recognized only)			
9.	Diploma Certificate(MCI recognized only)			
10.	Degree/Diploma attempt certificate			
11.	Experience Certificate			
12.	Conference Certificate			
13.	Publications & Details			
14.	PAN CARD			
15.	VOTER CARD			
16.	ADHAAR CARD			
17.	PASSPORT			
18.	Proof of Present Address			
19.	Proof of Permanent Address			

**G. Declaration:**

- I, Dr.(Mr/Ms) \_\_\_\_\_ s/d/o \_\_\_\_\_ hereby solemnly declare that statement made above by me are correct & true to the best of my knowledge and belief.
- Further, I do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive/disciplinary action whatever.
- I understand that applying for registration with West Bengal Medical Council is an essential requirement before joining. I undertake to apply for WB Registration immediately & will submit the same before my joining at Central Hospital, S.E.Railway, Garden Reach Kolkata.
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of Court will be Kolkata.

Date: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Signature of candidate

Place:

(Name: \_\_\_\_\_)