

Ministry of Health & Family Welfare, Government of India
Office of the Additional Director,

Central Govt. Health Scheme

Kendriya Sadan Parisar, Block-B, Ground Floor, Sector-10, Vidhyadhar Nagar, Jaipur – 302039
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ADVERTISEMENT FOR ENGAGING RETIRED DOCTORS FROM GOVT. / PSU FOR THE POST OF HOMEOPATHIC PHYSICIAN AND DENTAL SURGEON ON CONTRACTURAL BASIS IN CGHS POLYCLINIC JAIPUR

REFERENCE – ADVERTISEMENT IN DAINIK BHASKAR/RAJASTHAN PATRIKA NEWSPAPER **DATED 15.03.2017**

Applications for the post of Homeopathic Physician and Dental Surgeon on a purely temporary and on contractual basis in CGHS, Jaipur are invited from the doctors who have retired from Central / State Governments and PSUs. Application forms (Annexure-I) as per terms and conditions (Annexure –II applicable for Dental Surgeon and Annexure-III applicable for Homeopathic Physician) given below, duly filled in all respects should reach in the Office of the Additional Director, CGHS, Jaipur within 10 days of the publication of the advertisement in the newspaper.

1.	Age	Below 65 years. Upper age limit for making applications is 64 years on closing date (last date of application).
2.	Educational Qualification	Minimum qualification required - BHMS or equivalent for Homeopathic and BDS for Dental.
3.	Remuneration	Lump sum maximum amount of Rs.46000/- per month for Homeopathic, Rs.60000/- for Dental. Private practice in any form is not allowed.
4.	Duration of appointment	Initially for a period of one year, extendable by another one year.
5.	Number of vacancies	Homeopathic Physician – 01(one), Dental Surgeon – 01(One). Vacancy of the post is subject to availability of Homeopathic Physicain and Dental Surgeon on regular basis.
6.	Place of Posting	Central Govt. Health Scheme Polyclinic situated at Bajaj Nagar, Jaipur.
7.	Preference	Doctors who have worked in CGHS shall be preferred.

Interested candidates may apply in the prescribed proforma of application with self attested copies of their educational certificates and other requisite documents to the Additional Director, CGHS, Jaipur on above mentioned address.

ADDITIONAL DIRECTOR,
C.G.H.S., JAIPUR.

Application Form for appointment of doctors retired from Govt. / PSU on contractual basis in CGHS, Jaipur.

Space for
Photo

POST APPLIED FOR –

1	Advertisement date and Newspaper	
2	Name in Block letters	
3	Father's name	
4	Date of Birth	
5	Age on closing date (As on last date of application)	
6	Permanent address with pincode	
7	Correspondence address with pincode	
8	Name of Department retired from	
9	Whether Central / State / PSU	
10	Post held	
11	Date of appointment	
12	Date of Retirement	
13	Mobile No.	
14	E-mail address, if any	
15	Any other information	

CHECK-LIST OF DOCUMENTS DULY SELF-ATTESTED

1	Matriculation Marksheet/Certificate for Date of Birth	
2	U.G. / P.G. Degree (As applicable)	
3	Registration Certificate from respective Council/ Board approved by the Govt.	
4	Retirement Order	
5	Pension Payment Order (PPO)/ Last Pay Certificate (LPC)	

Signature of the Candidate

Place:

Date:

Terms and conditions governing the appointment of Dental Surgeon on contract basis.

1. The appointment is purely on contract basis for a period of one year or till the regular incumbent joins, whichever is earlier, with effect from the date of joining. Thereafter, the contract will lapse automatically. The appointment can also be terminated at any time (on either side) by giving one month's notice or by paying one month's salary, without assigning any reason or failure to complete the period of three months to the satisfaction of competent authority.
2. The consolidated remuneration will be Rs.60,000/- per month which is subject to revision at the instance of the Government.
3. The appointee shall perform the duties assigned to him/her. The competent authority reserves the right to assign any duty as and when required. No extra / additional allowance will be admissible in case of such assignment.
4. The appointee shall not be entitled to any benefit like Provident Fund, Pension, Gratuity, Medical Attendance Treatment, Seniority, Promotion etc. or any other benefits available to the Government Servants, appointed on regular basis.
5. Non-practicing allowance will not be admissible.
6. The appointee will not be granted any claim or right for regular appointment to any post under Central Government Health Services.
7. Only consolidated salary will be admissible. No Dearness Allowance and other allowances as are admissible to the Central Govt. servants shall be admissible.
8. The appointment shall be on the whole time appointment of the Medical Institution and shall not accept any other appointment, paid or otherwise and shall not engage himself/herself in a private practice of any kind during the period of contract.
9. The appointment carries with it the liability to serve in any part of the country.
10. The appointment to the said post will be subject to physical fitness from the competent medical board for which he/she will be sent to the designated medical Authority after his / her joining and in case he/she is found medically unfit, he / she will be discharged from the said appointment forthwith.
11. The appointee is required to submit a declaration regarding his/her marital status.
12. The leave entitlement of the appointee shall be governed in terms of instructions contained in DOP&Ts O.M. No.12016/3/84-Estt(L) dated 12th April 1985 as amended by OM No.12016/1/96-Estt(L) dated 5th July, 1990.
13. On appointment, the appointee will be required to take an oath of allegiance to the Constitution of India or make a solemn affirmation to that effect in the prescribed proforma.
14. The appointee is not entitled to any TA for joining the appointment.
15. Other conditions of service will be governed by relevant rules and orders issued from time to time.
16. If any declaration given or information furnished by him/her proves false or if he/she is found to have willfully suppressed any material, information, he/she will be liable to removal from service and also such other action as the Government may deem necessary.
17. Any other terms and conditions received or changed from Directorate and as per rules.

If Dr. _____ accept the contract appointment on the above terms and conditions, he / she should immediately convey the acceptance and report for duty within 3 days to the AD,CGHS, Jaipur, failing which it will be presumed that he/she is not interested in the appointment offered and the same will be treated as cancelled.

Dated: _____

Mobile No. _____

Signature _____

Name _____

Address:

Terms and conditions governing the appointment of Ayur/Homeo Physician on contract basis.

1. The appointment is purely on contract basis for a period of one year or till the regular incumbent joins, whichever is earlier, with effect from the date of joining. Thereafter, the contract will lapse automatically. The appointment can also be terminated at any time (on either side) by giving one month's notice or by paying one month's salary, without assigning any reason or failure to complete the period of three months to the satisfaction of competent authority.
2. The consolidated remuneration will be Rs.46,000/- per month which is subject to revision at the instance of the Government.
3. The appointee shall perform the duties assigned to him/her. The competent authority reserves the right to assign any duty as and when required. No extra / additional allowance will be admissible in case of such assignment.
4. The appointee shall not be entitled to any benefit like Provident Fund, Pension, Gratuity, Medical Attendance Treatment, Seniority, Promotion etc. or any other benefits available to the Government Servants, appointed on regular basis.
5. Non-practicing allowance will not be admissible.
6. The appointee will not be granted any claim or right for regular appointment to any post under Central Government Health Services.
7. Only consolidated salary will be admissible. No Dearness Allowance and other allowances as are admissible to the Central Govt. servants shall be admissible.
8. The appointment shall be on the whole time appointment of the Medical Institution and shall not accept any other appointment, paid or otherwise and shall not engage himself/herself in a private practice of any kind during the period of contract.
9. The appointment carries with it the liability to serve in any part of the country.
10. The appointment to the said post will be subject to physical fitness from the competent medical board for which he/she will be sent to the designated medical Authority after his / her joining and in case he/she is found medically unfit, he / she will be discharged from the said appointment forthwith.
11. The appointee is required to submit a declaration regarding his/her marital status.
12. The leave entitlement of the appointee shall be governed in terms of instructions contained in DOP&Ts O.M. No.12016/3/84-Estt(L) dated 12th April 1985 as amended by OM No.12016/1/96-Estt(L) dated 5th July, 1990.
13. On appointment, the appointee will be required to take an oath of allegiance to the Constitution of India or make a solemn affirmation to that effect in the prescribed proforma.
14. The appointee is not entitled to any TA for joining the appointment.
15. Other conditions of service will be governed by relevant rules and orders issued from time to time.
16. If any declaration given or information furnished by him/her proves false or if he/she is found to have willfully suppressed any material, information, he/she will be liable to removal from service and also such other action as the Government may deem necessary.
17. According to the directions of the Directorate, in case of Ayurvedic/Homeopathic Pharmacist on leave, I am agree to distribute the medicines.
18. Any other terms and conditions received or changed from Directorate and as per rules.

If Dr. _____ accept the contract appointment on the above terms and conditions, he / she should immediately convey the acceptance and report for duty within 3 days to the AD,CGHS, Jaipur, failing which it will be presumed that he/she is not interested in the appointment offered and the same will be treated as cancelled.

Dated: _____

Signature _____

Mobile No. _____

Name: _____

Address: