The Competition Commission of India is a regulatory body to promote competition in Indian market, intends to engage the services of a qualified and experienced Homeopathic Doctor on part time contract basis. The Officers and staff of CCI number about 127. The doctor is required to visit offices of CCI located at Hindustan times and Bhikaji Cama Place, New Delhi once a week. The terms of engagement are available on the website of the Commission at [http://www.cci.gov.in/](http://www.cci.gov.in/) under the caption of **Engagement of Homeopathic Medical Practitioner on part time basis.**

The Doctors who are willing to offer their services may send their details in the prescribed format clearly indicating their qualification, work experience etc to the Joint Director, (Law/HR), Competition Commission of India (CCI), Hindustan Times House, 3rd Floor, 18-20, Kasturba Gandhi Marg, New Delhi-110001 within 15 days from the date of publication of the Advertisement.
Sub: Engagement of Homeopathic Doctor on part time contract basis in CCI

Applications are invited for engagement of a Homeopathic Medical Consultant (male/female) on part time basis in Competition Commission of India (CCI) to provide medical advice to its officers/staff at HT House, K.G. Marg and Bhikaji Cama Place, New Delhi.

Qualifications, Experience & other service conditions.

1. Minimum qualification and experience : Degree in Homeopathic Medicine & Surgery recognized by C.C.H.M. (B.H.M.S. or equivalent degree with 15 years experience in Govt. Hospitals/Institutions/Dispensaries/PSUs/Private Sector/ Charitable Hospitals/Dispensaries/Private Practice or retired from Central/State Government Service.

2. Minimum Age : 45 years

3. Visiting Hours : Once in a week at two places on same day as per details given below:

<table>
<thead>
<tr>
<th>Place to be visited</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HT House, K.G. Marg, New Delhi</td>
<td>1 hour</td>
</tr>
<tr>
<td>Bhikaji Cama Place, New Delhi</td>
<td>1 hour</td>
</tr>
</tbody>
</table>

on mutually agreed day/ as per requirement of CCI

4. Period of engagement : Initially for six months from the date of Joining and extendable for further Period of one year after review of performance.

5. Remuneration Offered : Rs. 20,000/- (Rs. Twenty thousand only) per month all inclusive.

6. Increment in remuneration : 10 per cent increase every year.

7. Maximum age limit for contract : 70 years
8. Nature of service : Part time basis. To provide medical advice / assistance to CCI employee. The nature of service would also include the following:-

(i) To attend to all visitors and provide medical attention.

(ii) To advise regarding referral to specialists.

(iii) To advice regarding annual check-up of employees.

(iv) Prescription be given (without any charges)

(v) To attend officers/staff of CCI and their family at your clinic for which you may charge a consultation fee of Rs.70/- per person. No consultation fee shall be charged if the second visit falls within a week of the first visit.

(vi) In the event of the scheduled visit falling on a closed holiday, the same shall be compensated by a visit on next working day in consultation with the competent authority.

9. Resignation/ Termination : One month notice from either side.

The interested doctors may submit their resume/profile with attested copies of their degree/experience certificates in the prescribed format given below within 15 days from the date of publishing of the Advertisement on the newspapers/CCI Website. The applications be addressed to Joint Director (Law/HR), in a sealed cover and be put in the drop box at Competition Commission of India, 3rd Floor, HT House, 18-20, Kasturba Gandhi Marg, New Delhi superscribing on the envelop “Application for Part time Homeopathic Consultant”.

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APPLICATION FORMAT

1. Name of the Post: Medical Officer (Homeopathic) on part time basis
2. Name (in full and in Capital Letters): _______________________
3. Father’s Name: _____________________________
4. Age and Date of birth: ________________________
5. Address for Correspondence: ______________________________
   _____________________________________________
   PIN: _____________________________
6. Permanent Address: ________________________________
   ___________________________________________________________
7. Tel No. _________________________________
8. Email ID: ______________________________________
9. Mobile No. __________________________________________
10. Sex: _______________________, M/F.
11. Educational Qualification:

<table>
<thead>
<tr>
<th>Level</th>
<th>Year of Passing</th>
<th>Div./Grade</th>
<th>Univ.</th>
<th>Subject Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.D.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

12. Details of Employment in chronological order:

<table>
<thead>
<tr>
<th>Name of the Office</th>
<th>Post held</th>
<th>Ad-hoc/ Temp/ Regular/ Pmt.</th>
<th>Exact dates to be given</th>
<th>Total period (in years)</th>
<th>Scale of Pay</th>
<th>Nature of duties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

use separate sheet if required.

Contd. 2
13. Date of retirement from the Govt. Service, if applicable: ________________________________

14. Details of present employment. (Wherever applicable). _________________

15. Details of photocopies of certificates are to be enclosed.

   a) S.S.C. certificate (as proof of age)
   b) A Degree in Homeopathic Medicine and Surgery recognized by C.C.H.M. (B.H.M.S. or Equivalent).
   c) Registration Certificate.
   d) Copy of any one of the following. Election I.D. card/driving license/Aadhar card/ passport as proof of identity.
   e) Copy of any of the water bill/telephone bill/electricity bill as a proof of residence.
   f) P.P.O., if applicable
   g) No due certificate and vigilance clearance certificate issued by the employer on the eve of retirement, if applicable
   h) Last Pay Certificate, if applicable
   i) Two copies of latest passport size photographs
   j) The experience should be mentioned separately in tabular form stating 1) Central/ State Govt. Service 2) Govt. Hospitals/ Institutions/ dispensaries, 3) PSUs and 4) Private Sector Hospitals/ Institutions/ Charitable Dispensaries etc.
   k) Two references

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the concerned authorities if I am declared by them to be guilty of any type of misconduct mentioned herein.

I have informed my Head Office / Dept. in writing that I am applying for this selection.

____________________________________
Signature of the candidate.

_______________________________
Place: 

_______________________________
Name ______________________________

_______________________________
Date: 