NOTICE

Sub: Engagement of Allopathic and Homeopathic Doctor on part time Contract basis in CCI

Applications are invited for engagement of an Allopathic and a Homeopathic Medical consultant on part time basis in Competition Commission of India (CCI) to provide medical advice to its officers/staff at Kidwai Nagar and Bhikaji Cama Place, New Delhi.

Qualification, Experience & other Service Conditions.

1. **Qualification and Experience** :-

<table>
<thead>
<tr>
<th>Class of Medical Officer</th>
<th>Qualification</th>
<th>Desired Experience /Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allopathic</td>
<td>Degree in Medicine i.e. MBBS or equivalent (recognized by the Medical Council of India)</td>
<td>Must be at least 50 years or more in age. At least 20 years of Experience in Government hospital/ Institutions/ dispensaries/PSUs/ Private Sector/ Charitable Hospitals or dispensaries/private practice or retired from Central/State Government services</td>
</tr>
<tr>
<td>Homeopathic</td>
<td>Degree in Homeopathic Medicines &amp; Surgery recognized by C.C.H.M (M.H.M.S or equivalent)</td>
<td></td>
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</tbody>
</table>

2. **Minimum Age** : 50 years.

3. **Visiting Hours** : Twice in a week for Allopathic consultant and once in a week for Homeopathic Consultant at two locations on same day as per details given below or on mutually agreed days/as per requirement of CCI

<table>
<thead>
<tr>
<th>Place to be visited</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Kidwai Nagar East, New Delhi</td>
<td>1 hour</td>
</tr>
<tr>
<td>Bhikaji Cama Place, New Delhi</td>
<td>1 hour</td>
</tr>
</tbody>
</table>

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. 50,000/- (Rs. Fifty thousand only) per month in lump-sum for Allopathic Consultant.

- Rs. 25000/- (Rs. Twenty Five Thousand only) per month in lump-sum for Homeopathic Consultant.

6. **Nature of service**: To provide medical advice/assistance to CCI employee on part time basis. Nature of service would also include the following:

   (i) To attend 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 their clinic for which you may charge a consultation fee of Rs. 150/- 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 consolations with the competent authority.

7. **Resignation/Termination**: one month notice from either side.

    The interested applicant may submit their duly filled & scanned application in the prescribed format (Annexure ‘A’ to this notice) alongwith scanned self-attested documents of their degree and experience in a PDF format (single PDF) through mail to the Deputy Director (HR) at email id: *hr@cci.gov.in* by **31.07.2020**.

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Annexure 'A'

APPLICATION FORMAT

1. Name of the Post : ____________________

2. Name : __________________________________
   (In full & Capital Letters)

3. Father’s Name : _________________________

4. Date of birth : __/__/____  Age as on date: ____yrs

5. Address for Correspondence :

6. Address of Clinic :

7. Tel No. : E-mail ID. : Mobile No.:

8. Gender _______________{M/F}.

9. Educational Qualification :

<table>
<thead>
<tr>
<th>Level/Degree</th>
<th>Year of Passing</th>
<th>Div./Grade</th>
<th>University</th>
<th>Subject Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBBS/BHMS</td>
<td></td>
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<tr>
<td>M.D.</td>
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10. Details of Employment/Experience in chronological order :

<table>
<thead>
<tr>
<th>Name of the Office/Institution/Hospital</th>
<th>Post held</th>
<th>Ad-hoc/Temp/Regular/Permanent</th>
<th>Exact dates to be given</th>
<th>Total period (in years)</th>
<th>Scale of pay</th>
<th>Nature of duties</th>
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11. Any other relevant information, which you want to furnish:

Date:  

(Signature of Applicant)

Place: