Government of India Department of Atomic Energy GENERAL SERVICES ORGANISATION Recruitment Section

Kalpakkam - 603 102

AVERTISEMENT NO.GSO/01/2023 Recruitment of Part-Time Consultants for DAE Hospital, Kalpakkam/Anupuram

Applications are invited for recruitment of following **Specialists (One each)** required as Part-Time Consultant purely on temporary basis:

| 1. Name of Specialist | Psychiatrist (1) | | |
|--------------------------|--|--|--|
| Qualification | MD/DNB Psychiatry (or) DPM | | |
| Experience | Minimum 5 years after MD or minimum 7 years after Diploma | | |
| Nature of duties | To attend to patients requiring Psychiatrist opinion in OPD and IP, | | |
| | utilization of in-house facilities. | | |
| Number of visits | 4 hours per day / 2 visits per month (once in 15 days) | | |
| Place | DAE Hospital at Kalpakkam Township or Anupuram Township | | |
| 2. Name of Specialist | Gynaecologist (1) | | |
| Qualification | MD/DNB/MS Gynaecology (or) DGO | | |
| Experience | Minimum 5 years after MD or minimum 7 years after Diploma | | |
| Nature of duties | To attend to all patients requiring Gynecologist opinion in OPD, IP and | | |
| | utilization of in-house facilities. | | |
| | To conduct antenatal and post natal clinic with due documentation | | |
| | following standard protocol. | | |
| | Perform procedure/surgery as required for O&G cases | | |
| N C C. | Follow-up of post operative cases. | | |
| Number of visits | 4 hours per day / 12 visits per month (weekly thrice) | | |
| Place | DAE Hospital at Kalpakkam Township or Anupuram Township | | |
| 3.Name of the Specialist | Ophthamlogist (1) | | |
| Qualification | MS/DNB Opthal (or)MBBS+DO(diploma in Ophthalmology) | | |
| Experience | Minimum 5 years after MS or minimum 7 years after Diploma; | | |
| | Handling cases of Glaucoma/medical Retina/Phaco surgeries etc | | |
| Nature of duties | To attend to all patients requiring Ophthalmology opinion in OPD, IP | | |
| | and utilization of in-house facilities. | | |
| | Perform procedure/surgery as required | | |
| | Follow-up of post operative cases. | | |
| Number of visits | 4 hours per day/12 visit per month(weekly thrice) or subject to actual | | |
| | requirements | | |
| Place | DAE Hospital at Kalpakkam Township or Anupuram Township | | |
| 4. Name of Specialist | Radiologist (1) | | |
| Qualification | MD/DNB Radiology (or) DMRD | | |
| Experience | | | |
| Nature of duties | Minimum 5 years after MD or minimum 7 years after Diploma Reporting of X-rays and performing Ultra sonogram including Doppler | | |
| Nature of duties | studies. Registration with concerned authority will be mandatory for | | |
| | performing USG tests as per Government orders | | |
| Number of visits | 4 hours per day / 16 visits per month (weekly four days) | | |
| Place | DAE Hospital at Kalpakkam Township or Anupuram Township | | |
| we amendments | The state of the s | | |

| 5. Name of Specialist | Laparoscopic Surgeon (1) | | | | |
|---------------------------|--|----------------------------|------------------------------------|--|--|
| Qualification | MD/DNB General Surgery; Diploma/Certificate in Iaparoscopic surgery | | | | |
| | preferred; | | | | |
| Experience | Minimum 5 years after MS; minimum 1 year experience in laparoscopic | | | | |
| , | | n reputed Hospital | | | |
| Nature of duties | OPD consultation for patients requiring laparoscopic surgery; performing o | | | | |
| Normaliana - Carilaita | laparoscopic surgeries at DAE Hospital | | | | |
| Number of visits | 4 hours per day / 4 visits per month (weekly once) for OPD or subject to | | | | |
| | actual requirements; Surgeries as per requirements; | | | | |
| Place | DAE Hospital at Kalpakkam Township or Anupuram Township | | | | |
| Honorarium/Remuneration | Rs.1538/-per hour in OPD; | | | | |
| payable on monthly basis | Rs.1477/per hour in OPD; Lesser experience than prescribed (Inclusive all | | | | |
| | allowances/perks as fixed from time to time) | | | | |
| Incidental Charges | Rs.575/per visit subject to maximum of Rs.4600/per month | | | | |
| Procedure/Surgery charges | Surgery/procedure payable based n Grade | | | | |
| per case | Grade I: Rs.13000/- Grade II:Rs.7800/-; Grade III:Rs.6500/- Grade | | | | |
| | IV:Rs.3300/-; Grade V: Rs.1600/- | | | | |
| Age limit | Not more than 63 years as on 01.01.2023 | | | | |
| | Sl.No | Applicants with prescribed | *Applicants with lesser experience | | |
| Remuneration payable on | 4 | experience | than prescribed | | |
| monthly basis | 1 to 4 | Rs. 1538/- per hour | D- 1477/ | | |
| | 1 10 4 | ks. 1338/- per nour | Rs.1477/- per hour | | |
| Incidental charges | Do 575/ m | | D 4600/ | | |
| Procedure/Surgery | Rs.575/- per visit subject to maximum of Rs.4600/- per month | | | | |
| charges per case | Payable to Gynaecologist for O&G cases only based on Grade | | | | |
| enarges per case | Grade I: Rs.10000/-; Grade II:Rs.6000/-; Grade III:Rs.5000/- Grade IV: Rs.2500/-; Grade V:Rs.1200/- | | | | |
| Last Date of Receipt of | On or before 31.01.2023 by Post | | | | |
| Application | On of before 31.01.2023 by Post | | | | |
| | | | | | |

^{*}Applicants with lesser experience than minimum prescribed will be considered for lesser amount of remuneration payable if found otherwise suitable.

In case of equivalent qualification, copy of valid proof in support of it shall be furnished with application. The duration of each visit per day or number of visits per month may be increased or decreased based on actual requirements. The selection of Specialists will be made by an appropriate Selection Committee. <u>Date and time of Interview for eligible Applicants will be informed separately through E-mail</u>. Specialists working in Private Hospitals/Institutions shall forward the applications through their Administration or attach a copy of 'No **Objection Certificate**' for considering the application. Applicants may note that this recruitment is purely temporary and their services may be stopped temporarily or terminated permanently without any advance notice. Department may or may not recruit above specialists fully or partly subject to receipt of qualified applications or based on requirements.

Applications in the prescribed format as furnished with this advertisement may be forwarded along with copies of educational qualifications, experience, registration certificate etc. to the following address quoting advertisement title on the cover through post or courier so as to reach before due date: Administrative Officer-III (Rectt.), General Services Organisation, DAE Township, KALPAKKAM - 603 102, Chengalpattu District, Tamil Nadu. Application received after the due date shall not be considered under any circumstances and GSO reserve the right to cancel the advertisement partially/wholly.

Clarifications if any required in this regard may be sent through e-mail to: hosplib@igcar.gov.in/hospchss@igcar.gov.in

Administrative Officer-III(R) GSO

Date:

| 1 Name of Specialist applied | | | | |
|--|-------------------------------------|--|--|--|
| | | | | |
| | | | | |
| 2 Name of Applicant | | | | |
| (in Capital letters) | | | | |
| 3 Date of birth / Gender / Age | | | | |
| 4 Registration number / State | | | | |
| 5 Marital status | \$ | | | |
| Qualifications(from MBBS onwards - furnish separate sheet if required) | | | | |
| | tion/University | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7 Experience (after prescribed qualification - furnish sepa | arate sheet if required) | | | |
| Institution/Hospital Duration (Fromto)Years | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 8 Present occupation: (indicate with date / post held / sala | ary etc.) | | | |
| | 1 | | | |
| | * | | | |
| 9 Address for communication: | | | | |
| | | | | |
| | | | | |
| Place: State: Pin code: | | | | |
| Telephone number - Mobile: | Landline: | | | |
| | | | | |
| 11 E-mail id: | | | | |
| | T | | | |
| Details of relative(s) working in DAE if any | 1 | | | |
| 13 Remarks if any in support of application | | | | |
| Remarks if any in support of application | | | | |
| | | | | |
| Declaration Declaration | 11.01. | | | |
| I certify that the details furnished above are correct and the app fulfilling minimum requirements as indicated in the advertis | | | | |
| | | | | |
| temporary and it may be stopped temporarily or terminated perm | | | | |
| temporary and it may be stopped temporarily or terminated perm | manerary without any advance nonce. | | | |
| temporary and it may be stopped temporarily or terminated permodern. Date: Signature: | | | | |

To