

# Rashtriya Chemicals & Fertilizers Ltd.

(A Government of India Undertaking)

NAVRATNA COMPANY

Thal Unit, Thal, Tal-Alibag, Dist-Raigad, PIN-402 208, Maharashtra

Phone No. 02141-238207, Fax No.02141-238206, 238091

Email: hrthal@rcfltd.com

## **NEEDS HONORARY & PANEL DOCTORS**

RCF Ltd. is leading profit making in the business of manufacturing and marketing of Fertilizers and Industrial Chemicals. The Manufacturing units are in Maharashtra (At Thal, Dist- Raigad & Trombay-Chembur, and Mumbai) with National Level Marketing Network. RCF Thal is having 25 bedded hospital at our RCF Kurul Townships, Tal- Alibag, Dist. Raigad (Maharashtra State)-402208 which provides medical facility to about 872 employees, Retired employees, CISF employees & their eligible dependent family members and Trainees.

Applications are invited from Specialist Doctors, Super Specialist Doctors and Panel Doctor in the following disciplines for honorary assignment as visiting Doctors for RCF, Kurul Hospital (It is 2 KM from Alibaug Bus Station Raigad District, Maharashtra).

The details and eligibility for Honorary Doctors & Panel Doctor are as under:-

| Sr. No                           | Particulars            | Qualification  | Minimum Experience after required Qualification | No. of post | No. of visit per weekly/ monthly | Honarium Per visit (in Rs) |
|----------------------------------|------------------------|--|---|-------------|----------------------------------|----------------------------|
| <b>Specialist Doctors</b>        |                        |  |   |             |                                  |                            |
| 1                                | Physician              | MD(Gen Medicine)   | 2 years   | 3           | 3 visit per week                 | 4500                       |
| 2                                | Orthpedic surgeon      | MS( Ortho)/ D(Ortho)   | 2 years/3 years                                 | 4           | 8 visit per month                | 4500                       |
| 3                                | Dentist                | BDS  | 5 years   | 2           | 6 visit per week                 | 2100                       |
| 4                                | Dental Surgeon         | MDS (Oral/ Maxillofacial Surgeon)  | 2 years   | 1           | 2 visit per month                | 3000                       |
| 5                                | Ayurvedic Physician    | MD( Ayurveda)/BAMS   | 2 years/ 5 years                                | 2           | 6 visit per month                | 2100                       |
| 6                                | Homeopathic Physician  | MD( Homeopathy)/BHMS   | 2 years/ 5 years                                | 1           | 4 visit per month                | 2100                       |
| 7                                | Radiologist/Sonologist | MD(Radiology)/DMRD   | 2 years/ 5 years                                | 1           | 2 visit per week                 | 3000                       |
| 8                                | ENT surgeon            | MS(ENT)/D(ORL)   | 2 years/ 5 years                                | 2           | 4 visit per month                | 3000                       |
| 9                                | Physiotherapist        | MPTH/BPTH  | 2 years/ 5 years                                | 3           | 10 visit per week                | 2100                       |
| 10                               | Ophthalmologist        | MS(Ophthal)/D (Ophthal)  | 2 years/ 5 years                                | 2           | 8 visit per month                | 3000                       |
| 11                               | Pathologist            | MD(Pathology)  | 2 years   | 1           | 5 visit per week                 | 3000                       |
| 12                               | Dermatologist          | MD (Dermatology)/ DNB or Diploma in (Dermatology)                              | 2 years/3 years                                 | 1           | 2 visit per month                | 3000                       |
| 13                               | Psychiatrist           | MD (Psychiatry)  | 2 years   | 1           | 4 visit per month                | 4500                       |
| 14                               | General Surgeon        | MS Surgery/ DNB surgery  | 5 years   | 2           | 4 visit per month                | 4500                       |
| 15                               | Chest Physician        | MD(Chest Medicine)   | 2 years   | 1           | 4 visit per month                | 4500                       |
| <b>Super Specialists Doctors</b> |                        |  |   |             |                                  |                            |
| 16                               | Cardiologist           | DNB (Cardiology) or DM (Cardiology)  | 5 years   | 1           | 1 visit per month                | 7500                       |
| 17                               | Neurologist            | DNB (Neurology) or DM (Neurology)  | 5 years   | 1           | 1 visit per month                | 7500                       |
| 18                               | Urologist              | DNB (Urology) or MCH (Urology)   | 5 years   | 1           | 1 visit per month                | 7500                       |
| 19                               | Nephrologist           | DNB (Nephrology) or DM (Nephrology)  | 5 years   | 1           | 1 visit per month                | 7500                       |
| 20                               | Rheumatologist         | DNB ( Rheumatology)/ DM( Rheumatology)   | 5 years   | 1           | 1 visit per month                | 7500                       |
| 21                               | Gastroenterologist     | DNB Gastroentrology)/ DM( Gastroentrology)                                     | 5 years   | 1           | 1 visit per month                | 7500                       |
| <b>Panel Doctor</b>              |                        |  |   |             |                                  |                            |
| 22                               | Panel Doctor           | MBBS with Dispensary/ Clinic in with Full OPD facilites near Thal/ Navaon area | 5 years   | 1           | NA                               | NA                         |

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Based on response and Doctors availability, number of Doctors, visit per Doctors will be decided by the selection committee.

1. Super Specialists Doctors for bringing their own specialized equipment will be paid additional Rs. 500/- per visit.
2. For all Doctors TA will be paid (to and fro) from Pen @ Rs.630/- , from Panvel @ Rs. 1260/- , from Vashi & Navi Mumbai @ Rs.1680/-, and from Mumbai @ Rs.2100/- per visit. No conveyance for doctors coming from Alibag & nearby area will be paid.
3. For providing Sonography Services, Sonography Charges will be paid Rs. 500/- per patient.
4. Visits Shown are total monthly/ weekly visits for all doctors in that specialty. Actual number of Visits for each doctor and Number of visit per week/per month, and timings will be decided by DGM(Medical) RCF Thal Hospital.

**Visiting Hours:**

For doctors at above Sr. No. 4, .7, 8, 10 and 11 (Dental Surgeon, Radiologist, ENT, Ophthalmologist & Pathologist): 2 hours per visit and for all other doctors 3 hours per visit.

The Doctors desiring to take up this assignment may apply in prescribed application format given below and send duly filled application to DGM(HR/A)I/c RCF Thal Unit on above referred address or email - **hrthal@rcfltd.com** along with details of qualification and experience with supporting documents on or before **14.02.2024**.

DGM (HR/A) I/C

### GENERAL INSTRUCTIONS

1. The eligible candidates will be intimated about the date, time and venue of Interview. No Communication (written/telephonic) will be entertained after the Closing date of the submission of the application Form.
2. The candidate is required to submit application Form, in the prescribed format, attested Photocopies of Educational qualification, experience certificate and Submit application within the last date of submission. Application received after last date of Submission will not be considered.
3. The qualifying and interested candidates applying for Honorary Doctors & Panel Doctor Post are required to send applications in the prescribed format. The post applied for is to be written at the top left-hand corner of the envelope/ in subject (email), while sending application form.
4. The duration/frequency of the visits of Honorary Doctors will be conveyed by the selection Committee at the time of personal Interview and the rate of reimbursement in case of panel doctors will be conveyed by the Selection committee at the time of personal Interview.
5. Engagement shall be for a period of **Three** years.
6. Engagement as Honorary Doctors and Panel Doctor may be terminated by giving one month notice by either side.
7. Engagement shall be purely of temporary nature and will not in any way entail a relation of Employer and employee between RCF & the Doctors.
8. Management reserves the right to consider the application of doctors having experience less than the advertised one, in case the No. of application received are less than three times the No. of advertised post.
9. Management reserves the right to modify the number of posts.
10. Company's decision about the engagement will be final and no correspondence (written or telephonic) on the same would be entertained from any candidates.
11. Company reserves the right to cancel/alter this advertisement partially or completely for any reason and company is not responsible to communicate the same to the candidates.
12. For attending interviews no Travelling Allowance will be paid to candidates.

**Last date of receipt of the application is 14.02.2024.**

DGM (HR/A) I/C

## APPLICATION FORMAT FOR HONORARY DOCTOR

|   |
|---|
| <b><u>Application for the Specialty</u></b> ..... |
|---|

|  |
|--|
| AFFIX PASSPORT SIZE<br>PHOTO DULY SIGNED |
|--|

**1. PERSONAL DETAILS:**

|                            |  |
|----------------------------|--|
| <b>Name in Full</b>        |  |
| <b>Date of Birth</b>       |  |
| <b>Residential Address</b> |  |
| <b>Contact Nos</b>         |  |
| <b>E-Mail I/D</b>          |  |

**2. QUALIFICATIONS DETAILS:**

| Sl. No. | Qualifications | Branch | University/ Board | Year of Passing |
|---------|----------------|--------|-------------------|-----------------|
|         |                |        |                   |                 |
|         |                |        |                   |                 |
|         |                |        |                   |                 |
|         |                |        |                   |                 |
|         |                |        |                   |                 |

**3. REGISTRATION:**

|  |  |
|--|--|
| <b>No. and Date</b>                                      |  |
| <b>State and the Medical Council where Regn. Is done</b> |  |

**4. RESEARCH PAPERS, IF ANY, SUBMITTED:**

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**5. ARTICLES, IF ANY, PUBLISHED:**

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**6. EXPERIENCE DETAILS:**

| Sr. No  | Name of the Organization / Hospital | Designation | From | To | Employer: Whether Private/ Govt./PSU | Total Emoluments     |
|---|-------------------------------------|-------------|------|----|--------------------------------------|----------------------|
|   |                                     |             |      |    |                                      |                      |
|   |                                     |             |      |    |                                      |                      |
|   |                                     |             |      |    |                                      |                      |
|   |                                     |             |      |    |                                      |                      |
|   |                                     |             |      |    |                                      |                      |
| <b>TOTAL EXPERIENCE (EXCLUDING INTERNSHIP )</b> |                                     |             |      |    | <b><u>YEARS</u></b>                  | <b><u>MONTHS</u></b> |
|   |                                     |             |      |    |                                      |                      |

**I state that all the information given above is true and correct. In case any of the details given above turn out to be false, I will make myself liable to lose the candidature.**

*Place:*

*Date:*

*Signature of the Candidate*

## APPLICATION FORMAT FOR PANEL DOCTOR

LOCATION: FOR THAL/ NAVGAON AREA

AFFIX PASSPORT SIZE  
PHOTO DULY SIGNED

### **1. PERSONAL DETAILS:**

|                            |  |
|----------------------------|--|
| <b>Name in Full</b>        |  |
| <b>Date of Birth</b>       |  |
| <b>Residential Address</b> |  |
| <b>Contact Nos</b>         |  |
| <b>E-Mail I/D</b>          |  |

### **2. QUALIFICATIONS DETAILS:**

| <b>Sl. No.</b> | <b>Qualifications</b> | <b>Branch</b> | <b>University/ Board</b> | <b>Year of Passing</b> |
|----------------|-----------------------|---------------|--------------------------|------------------------|
|                |                       |               |                          |                        |
|                |                       |               |                          |                        |
|                |                       |               |                          |                        |
|                |                       |               |                          |                        |
|                |                       |               |                          |                        |

### **3. REGISTRATION:**

|  |  |
|--|--|
| <b>No. and Date</b>                                      |  |
| <b>State and the Medical Council where Regn. Is done</b> |  |

**4. EXPERIENCE DETAILS:**

| Sr. No   | Name of the Organization / Hospital | Designation | From | To | Employer: Whether Private/ Govt./PSU | Total Emoluments     |
|--|-------------------------------------|-------------|------|----|--------------------------------------|----------------------|
|  |                                     |             |      |    |                                      |                      |
|  |                                     |             |      |    |                                      |                      |
|  |                                     |             |      |    |                                      |                      |
|  |                                     |             |      |    |                                      |                      |
| <b>TOTAL EXPERIENCE (EXCLUDING INTERNSHIP)</b> |                                     |             |      |    | <b><u>YEARS</u></b>                  | <b><u>MONTHS</u></b> |
|  |                                     |             |      |    |                                      |                      |

**5. DETAILS OF CLINIC/ DISPENSARY**

|   |  |
|---|--|
| <b>Address of Clinic /Dispensary</b>  |  |
| <b>Telephone No.</b>  |  |
| <b>Timings of Clinic / Dispensary</b>   |  |
| <b>Facilities /Available along with list of Special Medical Equipment, If any</b> |  |
| <b>Average No. of patient Daily Attended</b>                                      |  |
| <b>Detail of empanelment by the organization, if any</b>                          |  |
| <b>Rates of ODP services</b>  |  |

I state that all the information given above is true and correct. In case any of the details given above turn out to be false, I will make myself liable to lose the candidature.

*Place:*

*Date:*

*Signature of the Candidate*