

राष्ट्रीय गतिशील दिव्यांगजन संस्थान

National Institute for Locomotor Disabilities (Divyangjan)





Date: 06-10-2023

Phone: 2531-0279, 2531-0610/Tele Fax: 2531-8379/E-mail: mail@nioh.in /web: www.niohkol.nic.in

No. Recruit-Contract/2023/Estt./NILD/1273

EXPRESSION OF INTEREST

Institute invites expression of interest from eligible Indian Nationals and qualified Medical Doctors for engagement of **Orthopaedic Surgeon (Consultant)-01 & Medical Officer (Consultant)-01** on session basis in the Institute purely on contract basis. The details are as hereunder:-

No.	Name of the Posts/ No. of Posts	Essential Educational Qualifications & Experience/ Honorarium & Duty
01	Orthopaedic Surgeon (Consultant)-01	M.S. (Ortho.). Desirable: - Preferable with one year experience.
		(1) Rs.2500/- per session of 01 hour maximum 02 hours per day (2)Restorative surgery of Divyangjan @ Rs.2500/- per hour maximum 04 hours per day twice a week (3) OPD & OT timing 09.00 a.m. to 01.00 p.m. per day. (4) Honorarium as per AEBAS report/timing. The consultant to visit all working days in a month.
02	Medical Officer (Consultant)-01	MBBS with one year experience in PMR/Ortho/Gen Medicine/ Peadiatrics Desirable: - Post Graduate Degree/ Diploma/DNB in PMR/Ortho/Gen Medicine/ Peadiatrics. Rs.1500/- per session of one hour maximum 02 hours per day. The consultant to visit all working days in a month.

General Terms & Conditions:

- The format of application duly completed in all respects and signed by the candidates in the prescribed format along with self attested photocopies of relevant enclosures in respect of qualifications, experience, age proof, category, etc. should reach to the **Director**, **National Institute for Locomotor Disabilities** (**Divyangjan**), B.T. Road, Bon-Hooghly, Kolkata-700090 on or before 20-10-2023.
- 2 Format of applications should be neatly typed on A/4 size plain paper as per the prescribed format. All Columns of the application form should be filled up and no column should be left blank.
- 3 The format of application received through e-mail/late/incomplete will not be considered and the Institute will not be responsible for any postal delay.
- 4 The format of application incomplete in any respect and not accompanied by copies of mark sheets / certificates / proof of age, experience (present & previous) / other relevant documents, photograph, unsigned and not in the prescribed format will be summarily rejected.
- 5 The format of application received within the stipulated date and complete in all respect shall be shortlisted for Engagement.
- The prescribed essential qualifications & experience are the minimum and mere possession of the same does not entitle a candidate to be called for written test/skill test/interview.
- 7 The Institute reserves the right for any amendment, cancellation and changes to this expression of interest as a whole or in part without assigning any reason or giving any notice.
- 8 The engagement shall be initially for a period 11(Eleven) months, which may be extended at the discretion of the competent authority based on the performance appraisal of the incumbent and subject to Institute requirement.
- 9 The engagement is purely contractual in nature and does not confer any right for regularization or permanent absorption. The appointee will not be entitled to any allowances, financial benefits or concession as admissible to government employees. Statutory deduction will be made according to rules.
- 10 The candidate should not have been convicted by any Court of Law.
- 11 Canvassing and/or bringing influence in any form will disqualify the candidature.
- Any dispute arising out of this Advertisement including the recruitment process shall be subject to the sole jurisdiction of the Courts situated at Kolkata only.
- 13 Institute reserves the right to accept or reject any expression of interest without assigning any reason.
- 14 Candidate should write the 'Name of the Post applied for along with advertisement Number on the top of the envelope.

FORMAT OF APPLICATION

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	tion Applied for													
Details of Demand Draft						<u> </u>	Amoi	ınt Rs.						
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10	(a) State your	category			l :									
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ŀ	(b) Whether b				:				, VH/HI					
	(If yes, attach self attested copy of certificate)							With 9	ith % of disability					
11	Whether Regis			ouncil	:	Date	of Reg.	F	Reg. No.		Name o		of Council	
	(If yes, attach copy	of certificat	e)											
12	12 Educational Qualifications beginning with 10th std. onwards (Attached copies of mark sheet & certificates)													
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15 Professional training undersons if any									•					
15 Professional training undergone, if any, and details thereof					:									
16 Any other relevant information that you					:									
may like to furnish														
Th-	I hereby declare that I have read the provisions given in the advertisement and all the statements made and information											nformat!		
	eby declare than by me in this				-									

I hereby declare that I have read the provisions given in the advertisement and all the statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect or suppressed before or after the test/interview or during the appointment period, my candidature/appointment shall automatically stands cancelled/repatriated/ terminated without any notice or compensation.

Date: -

Signature of the Candidate

Place: -