

भारतीय दूरसंचार विनियामक प्राधिकरण TELECOM REGULATORY AUTHORITY OF INDIA महानगर दूरसंचार भवन, जवाहर लाल नेहरु, पुराना मिन्टो रोड, जाकिर हसैन कॉलेज के पास, नई दिल्ली- 110002



No. 13-1/2021-A&P

Dated: 01/04/2021

CIRCULAR

Sub.: Engagement of Part Time Medical Officer on contract basis.

The Telecom Regulatory Authority of India (TRAI) is a statutary body established with effect from 20th February 1997, to regulate telecom and broadcasting services intends to engage the services of a qualified and experienced medical specialist on part time contract basis. The doctor is required to visit office of TRAI located at Mahanagar Doorsanchar Bhavan, Jawahar Lal Nehru Marg, New Delhi twice a week. The qualifications, experience and other terms and conditions for engagement of Part Time Medical Officer will be as follows:

Qualifications, Experience & other service conditions.

1.	Qualification & Experience	:	Essential qualification Degree in MBBS Desirable qualification M.D. or Equivalent Experience (i) Minimum 20 years experience in Govt. Hospitals/Institutions/Dispensaries/PSUs/ Private Sector/Charitable Hospitals/ Dispensaries/Private Practice or Retired from Central/State Government Service. And (ii) Presently working/practicing in Delhi/NCR or having	
2.	Minimum Ago		own hospital/clinic/dispensary in Delhi/NCR. 45 Years.	
_	Minimum Age	:		
3.	Visiting Hours	y:	Twice in a week on a mutual convenient days for 3 hours each.	
4.	Period of Engagement	2	Initially for one year from the date of Joining and extendable for further period of one year after review of performance/ mutually consent basis.	



5.	Maximum age limit for contract	:	65 Years
6.	Nature of Service	:	Part time basis. To provide medical advice/assistance to TRAI 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 advise regarding annual check-up of employees (iv) Prescription be given (without any charges) (v) To attend officers/staff of TRAI and their family at his/her clinic (if required) with consultation charges fixed by CGHS for OPD (vi) In the event of the scheduled visit falling on a closed holiday, the same shall be compensated by a visit on any other working day with the consultation of A&P Section of TRAI. (vii) To conduct health check-up camps/health talks in association with renowned health institutions/doctors without any cost.
7.	Resignation/Termi nation	:	Two months notice from either side.

- 2. The Doctors who are willing to offer their services may send their details in the prescribed application format attached herewith clearly indicating their qualification, work experience etc. They may also quote expected minimum monthly remuneration, including taxes, if any, and send in a separate sealed cover. The offer of remuneration will be opened only in respect of those cases whose names are shortlisted on the basis of their qualifications and experience by a Committee constituted for this purpose. The offer may be sent to the Senior Research Officer (A&P), Telecom Regulatory Authority of India (TRAI), Mahanagar Doorsanchar Bhavan, Jawahar Lal Nehru Marg, New Delhi-110002 within 45 days from the date of publication of the Advertisement in the newspaper/TRAI website.
- 3. Applications received after the last date will not be entertained in any circumstances. TRAI reserves the right to accept or reject any or all applications without assigning any reason.

(Vinay Kumar Goel) Sr. Reseach Officer (A&P) Phone No. 23364213

APPLICATION FORMAT

Attested Photograph

Name of the I	Post		: Part-Time Medical Officer (Allopathic) on contract basis				
Full Name (Ir	Capital Letters)						
Father's Nam	e	: <u></u>					
Age & Date of	of Birth:	: Age	: Age Date of Birth				
Address for C	Correspondence	:					
				DDI			
Permanent A	ddress		: <u> </u>				
				PIN			
Sex		: Male () Female ()				
Contact Deta	ils	: Landline:_	: Landline:				
		Email:					
Educational (Qualification:						
Level Year of Passir		Division/Grade	University	Subject Specialization			
IBBS							
	Full Name (In Father's Nam Age & Date of Address for Contact Detains) Educational Contact Detains Edu	Father's Name Age & Date of Birth: Address for Correspondence Permanent Address Sex Contact Details Educational Qualification: Level Year of Passing	Full Name (In Capital Letters) : Father's Name : Age & Date of Birth: : Age Address for Correspondence : Permanent Address : Sex : Male (Contact Details : Landline: Mobile: Email: Educational Qualification: Level Year of Passing Division/Grade	Full Name (In Capital Letters) Father's Name Age & Date of Birth: Age Date of Address for Correspondence Permanent Address Sex : Male () Female () Contact Details : Landline: Mobile: Email: Educational Qualification: Level Year of Passing Division/Grade University			

(Please attach certified copies of degrees)

10. Details of Employment in chronological order:

Name of the Office	Post Held	Ad- hoc/Temp/Regular/Pmt	Exact dates to be given	Total Period (in Years)	Scale of Pay	Nature of Duties

Use separate sheet if required. (Please attach proof of experience where available)



11.	Date of retirement from the Govt Service, if applicable :				
12.	Details of Present employment :(Wherever applicable)				
13. a)	Details of certified photocopies of certificates are to be enclosed. S.S.C. certificate (as proof of age)				
b)	A Degree in MBBS, MD or equivalent				
c)	Registration Certificate				
d)	Copy of any one as proof of identity: Voter ID card/Driving License /Aadhar Card/Passport				
e)	Copy of any one as a proof of residence: Water Utility/Telephone bill/Electricity bill				
f)	Two copies of latest passport size photographs				
g)	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.				
h)	Two references				
my kı	by declare that all the statements made in this application are true and complete to the best of nowledge and belief. I understand that action can be taken against me by the concerned rities if I am declared by them to be guilty of any type of misconduct mentioned herein.				
	Signature of the Candidate				
	Name:				
Dated					
Place:					

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