

## (A Government of India Enterprise) Smelter & Power Complex, Nalconagar-759 145 HRD DEPARTMENT

## WALK-IN-INTERVIEW FOR ENGAGEMENT OF DOCTOR ON CONTRACT BASIS

National Aluminium Company Limited (NALCO), a Navratna Company is looking for engagement of full time Doctors for the following positions purely on contract basis initially for a period of two years for its hospital at S&P Complex, Angul.

Position	Vacancy	Upper Age limit	Qualification	Monthly Remuneration
General Duty Medical Officer	02		MBBS from recognized University	Rs.51,000/-
Specialists Medicine Surgery Paediatrics Orthopaedics Skin Radiology	06 (one post each)	63 years	MD/MS/Recognized post MBBS Diploma from recognized University	<ul> <li>Rs.90,000/- (Upto 10 yrs. of experience)</li> <li>Rs.1,15,000/- (10 yrs. to 20 yrs of experience)</li> <li>Rs.1,40,000/(more than 20 yrs. of experience)</li> </ul>

Other facilities like accommodation, telephone, medical, etc. as admissible would be extended commensurating the merit of the incumbent and in accordance with the extant rules of the Company.

Interested doctors may call on us for a Personal Interview on 15.07.2020 at 9.00 AM at Training Centre, S&P Complex, Nalco Nagar, Angul. At the time of interview, the candidates are required to submit their duly filled-in Bio-Data Form available in the Career Section of our website <a href="www.nalcoindia.com">www.nalcoindia.com</a> along with all original credentials and supporting documents in respect of their age, qualification & experience.

Advt. No.14200801

AGM (IE)-S&P,Rect



## FORM OF APPLICATION FOR ENGAGEMENT OF DOCTOR ON CONTRACTUAL BASIS

01. Name in fu (In Capital L 02. Father's /H	etters)	: in full :	:				Paste a recent passport sized photograph and sign		
03. Date of Birt	th	:				_		it across	
04. Age as on	15.07.2020	:				_			
05. Nationality		:				_			
06. Religion		:				_			
07. Gender		:				_			
08. Marital Sta	tus	:				_			
09. Present Ad (With Mobile If any)	ldress e No. & E-Mail a					- - -			
10. Permanent	Address	:							
11. Details of A	Academic/Profes	sional Qualificat	tion:						
Exam. Passed	xam. Name of the Instituti		-	Year of Passing	f Class/ Division	Main Subjects		% of marks	
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12. Experience Name	/Specialised Tr of the	aining if any:  Period of		Work	Total Years	Nature of	Work/	Remarks	
		Experience/Tra	erience/Trainin n To		and Months of service	9			
					Training	·			
13. Valid Medical Registration certificate No. 14. Whether SC/ST/OBC/PWD					<u>:</u>	Valid till:			
	e Employment Entify proof & No		jistra	ition No	·				
me are found to	rmation furnished be false/ incorrect assigning any rea	t at any point of t							
Date:					SIGNATUR	E OF THE C	ANDIDA	ΤE	
Place ·					=. =. <del></del> <b></b>	_	/ \	<del></del>	