

Central Railway

Office of the
Chief Medical Superintendent
Divisional Railway Hospital ,
Solapur -413001
Date :02-01-2024

U/MD/43/Case to Case Consultant/2024/01

ENGAGEMENT OF MEDICAL CONSULTANTS ON CASE TO CASE BASIS

Applications are invited from eligible candidates for engagement of Medical Consultants on case to case basis in **All Specialties and Super Specialities for Consultation and Operative procedures** over Solapur Division i.e. for Divisional Railway Hospital/Solapur, Sub Divisional Railway Hospital/Kurduwadi, Sub Divisional Railway Hospital/Daund, Poly Clinic/WADI, Health Unit /Ahmednagar & Health Unit/ Pandharpur.

- The applications should be filled in on an A4 Size Paper, in the prescribed format and complete with all the requisite enclosures.
- All the columns in application form must be duly filled properly. Applications with incomplete/incorrect information are liable to be rejected summarily.
- All the required certificates duly self-attested must be attached with the application. The candidates must have their original certificates and publications with them at the time of interview for verification and need to submit the same before the interview committee.
- Please Note that any discrepancy pertaining to the documents may invite cancellation of offer of appointment and legal action.
- Candidates should submit application form duly filled with self attested copies of all the requisite documents on given email address :- casetocase.drh.sur@gmail.com
- Screening of all applications will be done on 5th day of every month.

➤ Eligibility Criteria:-

- i. Educational Qualification: Post Graduate Degree or super specialty qualification (MD/MS) recognised by MCI in the concerned Specialty.
- ii. Registration: Candidates must have a valid registration with Medical Council of India/SMC.
- iii. Tenure: Initial engagement will be for One Year only. This would be extendable every year subject to satisfactory work, conduct & performance.
- iv. Consultation Fees:

SN	Name of Hospital	Amount in Rs. for 1 st visit charges per case	Amount in Rs. for per Subsequent case on the same day/time of the visit
1	DRH/SUR	Rs 350/-	Rs 100/-
2	SDRH/KWV	Rs 350/-	Rs 50/-
3	SDRH/DD	Rs 350/-	Rs 50/-
4	Poly Clinic/WADI	Rs 350/-	Rs 50/-
5	Health Unit/PVR	Rs 350/-	Rs 50/-
6	Health Unit/ANG	Rs 350/-	Rs 50/-

- v. The rates of remuneration for surgical procedures is as below :-
 - a) For minor surgery - Rs 1000/- per case as package rate.
 - b) For major surgery - Rs 3000/- per case as package rate.
 - c) For special surgery- Rs 5000/- per case as package rate.
- Details of advertisement, application form and other details are available on Central Railway website → About Us→ Divisions→ Solapur→ Medical→ Item No 6
- Link- https://cr.indianrailways.gov.in/view_section.jsp?lang=0&id=0,6,1191,1197,1346

Chief Medical Superintendent
Divisional Railway Hospital
Solapur -413001

APPLICATION & SELF DECLARATION FORM FOR EMPANLMENT OF CONSULTANTS ON CASE TO CASE BASIS IN SOLAPUR DIVISION

Paste Passport size
self-attested Photograph
here

To,
Chief Medical Superintendent,
Divisional Railway Hospital, Solapur -413001

Select Hospital Name:	<input type="checkbox"/> Divisional Railway Hospital, Solapur <input type="checkbox"/> Sub Divisional Railway Hospital, Kurduwadi <input type="checkbox"/> Sub Divisional Railway Hospital, Daund <input type="checkbox"/> Poly Clinic, WADI <input type="checkbox"/> Health Unit, Ahmednagar <input type="checkbox"/> Health Unit, Pandharpur
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A. PERSONAL DETAILS (ANY SUPPRESSION OF FACTS OR FALSE INFORMATION WILL LEAD TO CANCELLATION OF CANDIDATURES).

1.	NAME (IN BLOCK LETTERS)	
2.	DATE OF BIRTH	
3.	AGE on date of Advertisement	
4.	FATHER'S NAME	
5.	MARITAL STATUS	
6.	PRESENT MAILING ADDRESS	
7.	PERMANENT MAILING ADDRESS	

B. MEANS FOR COMMUNICATION

1.	E.MAIL ID	
2.	Mobile No	
3.	Land Line No (With STD Code)	

**C. IDENTIFICATION DETAILS
ESSENTIAL**

1.	PAN CARD NO	
OPTIONAL (ANY TWO)		
2.	VOTER ID NO	
3.	AADHAAR CARD NO	
4.	PASSPORT NO	
5.	DRIVING LICENSE NO	

D. EDUCATIONAL QUALIFICATION

MBBS

1.	UNIVERSITY/COLLEGE	
2.	YEAR OF PASSING	
3.	MARKS OBTAINED	

MD/MS/DIPLOMA/DNB

1.	UNIVERSITY/COLLEGE	
2.	YEAR OF PASSING	
3.	SUBJECT	
4.	MARKS OBTAINED	

ANY OTHER ADDITIONAL QUALIFICATION

1.	UNIVERSITY/COLLEGE	
2.	YEAR OF PASSING	
3.	SUBJECT	
4.	MARKS OBTAINED	

E. PUBLICATIONS WITH DETAILS, IF ANY

SN	JOURNAL /BOOK	TITLE OF PUBLICATION	YEAR OF PUBLICATION
1.			
2.			
3.			

F. DETAILS OF EXPERIENCE

SN	NAME & ADDRESS OF INSTIUTION	TOTAL PERIOD WITH DATES	NATURE OF JOB RESPONSIBILITIES HELD
1.			
2.			
3.			
4.			
5.			

G. REGISTRATION DETAILS

MEDICAL COUNCIL OF INDIA	STATE MEDICAL COUNCIL NAME OF STATE:
REGISTRATION NO :	REGISTRATION NO :
DATE :	DATE :
VALIDITY PERIOD :	VALIDITY PERIOD :

H. **DETAILS OF ENCLOSURES: SELF ATTESTED PHOTOCOPIES OF FOLLOWING DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM**

SN	Type of document submitted	Whether Submitted (Yes/No)	If NO, Give Reasons there for	Remarks (By the Scrutinizing Official
1.	Date of Birth certificate			
2.	Marksheets of MBBS examination			
3.	Degree certificate of MBBS			
4.	Internship Completion Certificate			
5.	MCI/STATE Registration Certificate			
6.	State medical council registration certificate			
7.	Speciality Degree /Diploma certificate			
8.	Work experience certificate			
9.	Details of publication /presentation /lectures in conference			
10.	Pan card			
11.	Voter id card			
12.	Adhar card			
13.	Passport			
14.	Driving licence			

DECLARATION

I, Dr. _____
s/d/o_____ hereby solemnly declare that statements made above by me are correct and true to the best of my knowledge and belief.

Further, I, do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive and disciplinary action whatever applicable.

The decision of Selection committee appointment by competent authority shall be final and in case of any legal dispute the place of court of jurisdiction shall be respective place of the Hospital.

Any incidence of offences of professional misconduct and professional negligence during my course of treatment, I will be solemnly responsible for attending any Legal / Medico Legal disputes including compensation and or punishment.

(_____)

SIGNATURE OF THE DOCTOR

CONSENT FORM FOR SURGICAL PROCEDURE SERVICES ON CASE TO CASE BASIS AT ALL THE HOSPITALS OF THE SOLAPUR DIVISION, CENTRAL RAILWAY

I, Dr. _____ hereby agree to visit Railway Hospitals / Health Units/ Poly Clinics of Solapur Division for performing surgical procedures on case to case basis as and when required. As per the remuneration package and the classification for categorizing various types of surgical procedures (Minor, Major and Special) as well as other terms and conditions laid down in Rly Boards circular.

(_____)
SIGNATURE OF THE DOCTOR

NOTE:

1. The rate of remuneration for surgical procedures is as below :-
 - (a) For minor surgery - Rs 1000/- per case as package rate
 - (b) For major surgery - Rs 3000/- per case as package rate.
 - (c) For special surgery- Rs 5000/- per case as package rate.
2. The package contains: -
 - (a) Pre-operation one check-up.
 - (b) The surgical operation.
 - (c) Post operative follow up for 3 days (excluding the day of surgery).
3. Surgical procedures classified into minor, major and special cases as per IRMM 2000.

CONSENT FORM CONSULTANCY SERVICES ON CASE TO CASE BASIS AT ALL THE HOSPITALS OF THE SOLAPUR DIVISION, CENTRAL RAILWAY

I Dr. _____ here agree to visit Railway Hospitals / Health Units/ Poly Clinics of Solapur Division for consultation as per below mentioned rates.

SN	Name of Hospital	Amount in Rs. for 1 st visit charges per case	Amount in Rs. for per Subsequent case on the same day/time of the visit
1	DRH/SUR	Rs 350/-	Rs 100/-
2	SDRH/KWV	Rs 350/-	Rs 50/-
3	SDRH/DD	Rs 350/-	Rs 50/-
4	Poly Clinic/WADI	Rs 350/-	Rs 50/-
5	Health Unit/PVR	Rs 350/-	Rs 50/-
6	Health Unit/ANG	Rs 350/-	Rs 50/-

(_____)

SIGNATURE OF CANDIDATE

DATE :

PLACE:

➤ **Self Bank Account details may be provided instead of Hospital Bank Account details**

RTGS/NEFT FORM

I hereby agree to get my payment through NEFT/RTGS.

Sr. No	Particulars	
01.	Name of A/C holder.	
02.	Name of Bank	
03.	Branch Name.	
04.	Account Number.	
05.	Account Type	Current / Saving
06.	IFSC Code.	
07.	MICR Code.	
08.	Address of Bank	
09.	Telephone No. of Bank	
	Mobile No. of Bank	
	E-mail No. of Bank	
10.	Address of A/C holder	
	Telephone No. of A/C holder	
	PAN No. of A/C holder	
	E-mail No. of A/C holder	

I hereby certify that above information is correct & true to my knowledge.

Signature and Seal of Bank

Signature and Seal of A/C holder