



HINDUSTAN AERONAUTICS LIMITED
AIRCRAFT DIVISION, NASHIK
OJHAR TOWNSHIP (POST)
NASHIK- 422207
Ph: 02550-275840/41/42 Extn: 2955

08/01/2020

NOTIFICATION FOR ENGAGEMENT OF VISITING CONSULTANT
(LAPROSCOPY GENERAL SURGEON)

HAL Hospital Nasik requires Visiting Consultant Doctor (Laprosopy General Surgeon) (One post) at the Main Hospital in Ojhar Township, Nasik. The details of engagement are given hereunder:

DISCIPLINE,NO.OF SPECIALISTS REQUIRED,QUALIFICATION & EXPERIENCE

Specialty	No of Specialists Required	Qualification	Experience
Laprosopy General Surgeon	01	MBBS+MS (General Surgery) with Laprosopy experience	05 years after Post-Graduation

Qualification should be recognized by Medical Council of India. They should have registered with any state Medical Council under Medical Council of India Act.

NUMBER OF VISITS ,DURATION AND JOB SPECIFICATION

Specialist	No.of Visit	Duration of Visit(Minimum)	Job Specification
Laprosopy General Surgeon	04 per month	2 hours	Laprosopy Consultation and to perform Laprosopic General Surgery management in acute and chronic cases.

AGE LIMIT

Upper age limit is 65 Years as on the date of Advertisement. No further relaxations are admissible.

PERIOD OF ENGAGEMENT

The Specialist will be engaged initially for the period up to **16.07.2021**, which may be extended further for two years based on the requirement of the Hospital and performance of the Specialist. Performance of the Specialist will be assessed by the Head of the Hospital during the said period. He/She will be reporting to the Head of the Hospital.

PROCESS OF ENGAGEMENT

Interested and Eligible candidates may download the application form from HAL website and send/submit the duly filled in applications in the prescribed format as at **Annexure-1** indicating the expected remuneration per visit and enclosing self-attested Xerox copies of certificates / documents in proof of Age, Qualification and Work Experience, by post/courier/by Hand so as to reach on or before **23th January 2020 to Senior Manager (Human Resource), Hindustan Aeronautics Limited, Aircraft Division, Nasik Ojhar Township Post Office, Tal-Niphad, Dist. Nasik – 422207.**

Suitable candidates from amongst the applicants would be shortlisted for Interview. Personal Interview would be conducted at **HAL Hospital Ojhar Township**. The intimation regarding the date and time of Personal interview

will be sent to the shortlisted applicants through email. Final selection will be made based on the performance in the Interview.

Candidates are required to possess a valid **E-mail ID**, so that intimation regarding interview can be sent. HAL will not be responsible for bouncing of any E-MAIL sent to the candidates by E-Mail.

REMUNERATION

The maximum remuneration payable to the Visiting Consultants would be up to Rs. 2500/- per visit. In addition to the aforesaid remuneration per visit, the Visiting Consultants performing surgeries would be paid an extra amount of Rs. 1000/- per Surgery .The Selected Candidates will be eligible for Conveyance charges at the rate of Rs. 12/- per km. Minimum conveyance reimbursement would be Rs.250/- per visit.

GENERAL CONDITIONS

- Only Indian Nationals need apply.
- The engagement of Visiting Consultants (Laproscopy General Surgeon) will be purely on temporary basis and will not confer any right to the consultants to claim the status of a regular employee of the Company.
- The Visiting Consultants (Laproscopy General Surgeon) will not be eligible for any other Allowance or benefits other than those indicated above.
- Age and Experience are to be calculated as on the date of advertisement.
- Candidates possessing Regular / full time qualifications prescribed above are only eligible to apply, In other words, the qualifications acquired through part time /correspondence /Distance Education / E-learning courses are not eligible to apply.
- Mere submission of application will not entail right for claiming employment.
- Before applying, the candidates should satisfy themselves regarding eligibility criteria desired for the post. The candidates should also ensure that the particulars furnished by him/her in the application are correct in all respect. The details entered in the specific column will be taken as final. In case it is detected at any stage of selection process that the candidate does not fulfill the eligibility criteria or he/she has furnished any incorrect/false information or has suppressed any material facts, his/her candidature will stand cancelled. If any of these shortcomings are detected even after engagement, his/her services are liable to be terminated.
- The Company does not take any responsibility for any delay in receiving the application forms or loss in postal transit.
- Applications not in accordance with the prescribed form or incomplete/unsigned form or without attested copies of certificates mentioned above shall not be considered. **No applications / resumes will be accepted by Email.**
- Applications received after due date will not be entertained.
- Any sort of canvassing or influencing the officials related to the engagement process would result in immediate disqualification of the candidate.

In case of any difficulty or for any queries regarding the filling of applications, contact us at 02550-275840/275841/275842 extn: 3151/3155 or at admin.nsk@hal-india.com



HINDUSTAN AERONAUTICS LIMITED

AIRCRAFT DIVISION, NASIK

Application for: Laproscopy General Surgeon

Advt.No. NK/02/2019/

Dated - 08/01/2020

(Please fill the Application Format in Capital Letters)

- Please Furnish Full & Detailed information under each point and Enclose Xerox Copies of Certificates / testimonials in proof of the same.
- Suppression of any relevant information or incomplete information will entail disqualification for engagement

Annexure-I

Please Affix a Self
Attested recent
Passport Size
Photograph

1	NAME in BLOCK LETTERS(As it appeared in SSLC/SSC Certificate)																					
2	Gender	Male / Female																				
3	Father's Name																					
4	Mother's Name																					
5	Date of Birth (DD/MM/YYYY format) Age as on date of Advertisement/...../.....Years Months..... Days																				
6	State of Domicile & Nationality																					
7	Permanent Address Dist: Pin:	Address for Communication (All future Communication will be made on this Address Only) Dist: Pin:																				
8	Are any of your close relatives working in HAL? If yes, provide details of Name, Designation, Division, etc.																					
9	Phone / Mobile Number																					
10	E-Mail ID																					
11	Proficiency of Languages	<table border="1"><thead><tr><th>Language</th><th>Read</th><th>Write</th><th>Speak</th></tr></thead><tbody><tr><td>Hindi</td><td></td><td></td><td></td></tr><tr><td>English</td><td></td><td></td><td></td></tr><tr><td>Marathi</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>	Language	Read	Write	Speak	Hindi				English				Marathi							
Language	Read	Write	Speak																			
Hindi																						
English																						
Marathi																						

12. Educational Qualifications:

Degree	Branch	University	Class / Division	Total Marks Obtained	Total Marks of all semesters / years	Aggregate Percentage of Marks Obtained	Mode of Study	Year of Passing

(Note: Please read the general conditions of the advertisement and give full & Complete Information. Use separate Sheets if required)

13. Details of Training Undergone in the last 5 Years

Name of the Program	Institution/Organization	Duration of Training	
		From	To

14. Professional Experience in Chronological order (Starting from Recent / Present Experience)

Sl.No	Organization & Org. Type	Designation	Nature of Duties (Elaborate on a Separate sheet if need be)	Duration		No. of years / Months Completed	Gross pay & Reasons for leaving
				From Date	To Date		

(Note: Please read the general conditions of the advertisement and give full & Complete Information. Use separate Sheets if required)

15. Total Experience in No. of Years & Months: ____Years ____Months

16. No. of years of Post Professional Qualification Experience _____

17. Registration Number: (MBBS)_____ (MS/MD/DNB/DM) _____

18. How soon you can join if selected? _____

19. Pen picture of professional experience, achievements and significant contribution in the field, if any **(To be written / typed not exceeding 200 words on a separate sheet and enclosed to the application)**

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect; my candidature liable to be terminated without any notice.

Place:

Date:

Signature of the Candidate