



BARC HOSPITAL

Anushaktinagar, Mumbai - 400094

Contact No. 022-25598257/58

Appointment of Part-time Consultant in the Speciality of Ophthalmology in B.A.R.C. Hospital

BARC Hospital would like to appoint One Part-time Consultant in the specialty of Ophthalmology as per the details given below:

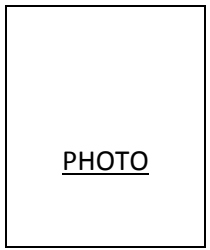
- Qualification : MS/MD/DNB (Ophthalmology) from an institute recognised by MCI.
- Experience : Preferable
- Age : Not more than 35 years as on 01.04.2016
- No. of Visiting hours : 2 sessions on every Saturday of 5 hours duration.
(i.e. 1000 hrs to 1300 hrs and 1400hrs to 1600 hrs)
- Honararium : Rs.665/- per hour
- Incidental Expenses : Incidental expenses of Rs.350/- per visit subject to maximum of Rs.2,800/- per month.

They will also be covered by CHSS facility for Self.

The Selection will be made by an appropriate Selection Committee.

Applications in the prescribed format may be forwarded alongwith attested copies of educational qualifications year-wise, Marksheets, Passing, Degrees, experience, registration etc. to Administrative Officer-III, Medical Division, BARC Hospital, Anushaktinagar, Mumbai – 400094 on or before 13th May, 2016.

PROFORMA OF APPLICATION



APPLICATION FOR THE POST OF : _____

1. Name in full beginning with Surname (in block letters) : _____
2. Nationality : _____
3. Date of Birth (In Christian era) : _____
4. Address in block letters for correspondence with PIN code : _____
: _____
- Telephone/Mobile No. : _____
- Email ID : _____

5. Educational and Professional Qualification:-

Sr.No.	Examination Passed	University/Board/Institution	Year of Passing	Subjects	Class & Percentage of marks
1.					
2.					
3.					
4.					
5.					

6. Experience (Teaching/Clinical etc.)

Name & Address of employer/Institution	Post held with Pay	Whether Central/State Govt./P.S.U.	Period of Service		Permanent or Temporary	Reason for leaving
			From	To		

7. Area of Specialisation: _____

8. Any other information you may wish to add: _____

Encl: Attested copies of all Educational Qualifications,
Experience & Valid Registration

Signature: _____
Date: _____