

SEMI-CONDUCTOR LABORATORY
S.A.S. Nagar Punjab

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**APPOINTMENT OF PART TIME MEDICAL CONSULTANT
(ALLOPATHIC) at SEMI-CONDUCTOR LABORATORY
S.A.S.NAGAR Mohali**

INTRODUCTION

Semi-Conductor Laboratory (SCL), Mohali, under the Ministry of Electronics and Information Technology, under Govt. of India, located in Sector 72, S.A.S. Nagar, (Mohali), has approximately 614 employees/Prime beneficiaries. SCL has 'Semiconductor Contributory Health Service Scheme (SCHS) under which medical attendance and treatment is provided to the employees in its premises during working hours by Part Time Medical Consultant (PTMC) and other than working hours, by the empanelled Authorized Medical Officers (AMOs), Specialist Doctors, Multi-Specialty Hospitals, Diagnostic Centers and Pathological Laboratories. The first level/initial treatment is provided by the PTMC to the employees during office timings and for specialized treatment, the PTMC can refer the Employees/Prime beneficiaries to empanelled Specialist Doctors/ Hospitals etc.

Eligibility: PTMC (Allopathic)

- 1) PTMC shall possess minimum qualification of MBBS with at least 5 years post MBBS internship experience and ready to work as per the timings fixed by the organization.
- 2) Retired Allopathic Doctors may also apply.

Consolidated Monthly Honorarium

- 1) The PTMC shall be paid fixed monthly honorarium of Rs. 35,000/- per month for 4 Hours per day (with 10% increase annually on this amount). TDS shall be deducted from the above mentioned Honorarium payable every month.
- 2) Apart from Saturdays/Sundays/Holidays observed by the organization, No other kind of Leave is allowed. In case of any Leave taken by PTMC, the deduction shall be made on pro rata basis.
- 3) The PTMC is required to render consultations to the Officers and Staff of SCL on Medical and SCHS administrative matters as per the rules &

regulations of SCHS.

- 4) The PTMC is required to provide consultation to the Management on any matter related to SCHS

General guidelines to Applicants:

- 1) The contract is for a period of one year which can be extended further.
- 2) Do not change the format of the application or nomenclature.
- 3) Use remarks column for any deviation/change.
- 4) Hard copy of the Application duly self attested must be forwarded for consideration for appointment of PTMC.
- 5) Latest Registration Certificate to be attached to the Application.
- 6) To attach Photo copy of PAN Card duly attested.
- 7) Copy of Educational Qualifications/Degrees and Experience certificates duly self attested should be attached with the application of PTMC.
- 8) The original documents shall have to be produced at the time of personal interview.
- 9) Latest photograph of the Applicant to be attached to the Application.
- 10) SCL reserves the right to reject or accept any and/or all the Applications without assigning any reason.
- 11) PTMC shall be provided SCL stationery (Medical Prescription pads/referral forms etc.) for use of the employees/beneficiaries.
- 12) The appointment of PTMC can be terminated by giving one month notice by either side in writing.

Monitoring & Medical Audit:

- 1) SCL reserves the right to Monitor & Medical Audit of PTMC at any time to verify compliance to the SCHS requirements.

- 2) PTMC found indulging in any unethical practices shall be removed and disqualified for future appointment under SCHS.

Application submission date

The last date of receipt of applications at SCL is **06.11.2023.**

Applications are to be sent to:

Admin Officer, P&GA-SCHS, Semi-conductor laboratory, Ministry of Electronics & Information Technology (MeitY), Government of India, Sector-71, S.A.S. Nagar Punjab-160071, India (Near Chandigarh) In sealed envelope superscribed '**Application for Appointment of Part Time Medical Consultant (ALLOPATHIC)**'. For any query on the above you may contact Admin Officer through MAIL ID: dpuri@scl.gov.in

**SEMI-CONDUCTOR LABORATORY
S.A.S.NAGAR Mohali**

**APPLICATION FORMAT FOR APPOINTMENT OF PART TIME
MEDICAL CONSULTANT (ALLOPATHIC)**

S.No.	Description	Details
1	Name of Doctor Father Name	
2	Address with Phone No./Mobile Email	
3	Education Qualification (Attach testimonial including year of passing duly self attested)	
4	Registered with state medical council (Attach self attested copy) with Registration No.	
5	Experience (Post qualification with Details and also attach experience certificates duly self attested)	
6	Remark/achievements/other information if any	

Signature of Doctor

Name :.....

Date:.....

Stamp:.....