



GAIL (India) Limited
(A Government of India Undertaking)
(A Maharatna Company)

Village: Chikli, Tehsil: Tarana, Distt. : Ujjain (M.P), Pin Code 456 001

Phone: 07369 – 243416

Email: gpa01194@gail.co.in

Website: www.gailonline.com

Corporate Identification Number: L40200DL1984GOI018976

Advertisement No.: GAIL/RECTT/OPEN/KHERA/GDMO/1/2018

ENGAGEMENT OF MEDICAL PROFESSIONALS ON CONTRACT BASIS

GAIL (India) Limited, a Maharatna PSU and India's flagship Natural Gas Company is integrating all aspects of the Natural Gas value chain (including Exploration & Production, Processing, Transmission, Distribution and Marketing) and its related services.

GAIL (India) Limited is looking for qualified and experienced Medical professionals to be engaged on temporary tenure basis on contract for full time duty at **Occupational Health Centre at Khera Compressor Station, Village: Chikli, Tehsil: Tarana, Distt. : Ujjain (M.P)** as per details given below:-

#	Role	UR	SC	ST	OBC (NCL)	Total	Role identified as suitable to be held by PWDs in following categories
1	GENERAL DUTY MEDICAL OFFICER	01	-	-	-	01*	OH (OA, OL)

Abbreviation used: **OH**: Orthopedically Impaired/Handicapped; **OL**: One Leg, **OA**: One Arm

Persons with Disabilities belonging to the category/ categories for which the post is identified (as indicated in Table above) can also apply even if no vacancy is specifically reserved for them. Such candidates will be considered for selection for appointment to the post by general standard of merit.

*This is purely a temporary appointment. Instructions issued by Government of India, Ministry of Personnel, Public Grievances and Pensions vide OM No. 36036/3/20/2018-Estt.(Res.) dated 15.05.2018 will be applicable for the post.

MINIMUM ESSENTIAL QUALIFICATION:

MCI recognized full-time MBBS Degree. Preference will be given to candidates possessing Diploma in Industrial Medicine or Certificate of Training in Industrial Health of minimum 03 months duration.

MINIMUM ESSENTIAL EXPERIENCE:

Post qualification experience will be desirable.

EMOLUMENTS & OTHER CONDITIONS:

1. Engagement as General Duty Medical Officer is temporary and purely on contract basis. Initial period of engagement shall be for 12 months. Based on the performance, period of engagement can be extended further on yearly basis. The maximum period of contractual engagement shall not exceed 36 months
2. Consolidated Monthly fee of **Rs. 74,000/-** (Rupees seventy four thousand) will be paid per month.
3. Annual increment of **Rs. 2,220/-** will be given on extension of contract (if any) after completion of one year engagement.
4. Apart from above remuneration, Company also provides unfurnished residential accommodation at GAIL Township (subject to availability and recovery of LFR, Electricity, water charges and any other charges as applicable).
5. Personal accident insurance policy shall be arranged for an amount of Rs.12 lakhs to cover any eventuality including disability and medical treatment therefor.
6. Family Floater Insurance cover of Rs.05 Lakhs for indoor treatment is provided in respect of self, spouse and two immediate dependents i.e. children and/ or parents.
7. **Rs. 1,000/- per month will be paid as OPD expenses for self, spouse and two immediate dependents i.e. children and/ or parents.**
8. TA/DA is also payable in case duty requires travelling or deputed for field duty to other locations as per rules.
9. 12 Casual leave (CL) and 12 Paid Leave will be provided in a calendar year on pro-rata basis i.e. 01 CL and 01 PL per month. Compensatory off will be provided for attending extra duty. Paid leave can be accumulated or carried within the contract period.

GENERAL INSTRUCTIONS:

1. Contract tenure will commence from the date of joining. Selected candidates will have to sign a contract with GAIL for the above engagement.
2. Notice period of 30 days would be required to be given from either side for termination of contractual engagement if terminated prior to completion of stipulated tenure of engagement.
3. Selected candidate will not have any right whatsoever to claim for regular appointment in GAIL by virtue of working as a Contract Medical Officer.
4. Candidates should ensure that they fulfill the essential eligibility criteria prescribed for the post for which they have applied. In case it is found at any stage of the selection process or even after engagement that the candidate has furnished false or incorrect information or suppressed any relevant information/ material facts or does not fulfill the essential eligibility criteria, his/her candidature/agreement/services are liable for rejection/ termination without notice.
5. Candidates presently employed in Central/ State Govt. Departments, Central/ State PSUs or Semi Government Organizations shall either forward their application through **Proper Channel** or shall produce **NOC** from their present employer at the time of interview.

6. GAIL reserves the right to fill or not to fill the above position and cancel/ restrict / enlarge/ modify/ alter the engagement process without any further notice or assigning any reasons whatsoever.
7. The prescribed qualification/experience is the minimum and mere possession of the same does not entitle a candidate for participating in the selection process. GAIL's decision shall be final in this regard.
8. Any important information including Corrigendum/Changes/Updates and information on selected candidates and general instructions during the course of engagement process shall be made available either through the website or on the e-mail id provided by the candidates. Candidates may therefore provide a valid e-mail id and keep it active for at least one year, simultaneously tracking the website for updates.
9. Any canvassing directly or indirectly by the applicant will disqualify his/her candidature. Any dispute with regard to engagement against this advertisement will be settled within the jurisdiction of Ujjain (MP) Court only.

HOW TO APPLY:

Interested and eligible candidates should download the requisite application format attached and send the same duly completed and signed by registered/speed post to **Senior Manager (HR), GAIL (India) Ltd., Khera Compressor Station, Village: Chikli, Tehsil: Tarana, Dist. : Ujjain (M.P), Pin Code 456 001**. Candidates are required to send one set of photocopy of self-attested all relevant testimonials as indicated below along with the application and 2 passport size colour photographs.

- (i) All Certificates/ Testimonials in respect of qualifications (all semester/ year-wise Mark Sheet, Degree and Diploma certificates starting from matriculation onwards).
- (ii) Certificate of registration with Medical Council of India or with State Medical Council and internship completion certificate.
- (iii) Complete and proper Experience certificates/ Documents issued by the Employer in support of experience details mentioned by the candidate in the Application Form.
- (iv) NOC/ Forwarding Letter from the employer in case the candidate are employed in Central/ State Government Department, Central/ State PSUs or Semi Government organization.
- (v) Candidates should ensure that they submit all the documents mentioned above. In the event of failure of candidates to submit any of the required documents as mentioned above within the stipulated period, candidature of such candidate shall be liable to be rejected.

Duly Completed application form along with above requisite documents must reach the above address within 15 days from the publication of this Advertisement.

Shortlisted candidates will be called for interview on a convenient date. For any queries, candidates may contact Senior Manager (HR), GAIL (India) Ltd., Khera Compressor Station, Village: Chikli, Tehsil: Tarana, Distt. : Ujjain (M.P), Pin Code 456 001, Phone: 07369 – 243416

Advt. No.:
Post Applied For:

Affix Recent
Passport Size
Photograph

1	Name of the candidate	
2	Nationality	
3	Father's Name	
4	Mother's Name	
5	Date of Birth	
6	Category : (General / SC / ST / OBC)	
7	Mailing address:	
8	House No. &	
9	Street Area	
10	City / Town with Pin	
11	Code District	
12	Telephone No.	
13	Mobile No.	
14	E-mail address	

Qualification:

Sl. No.	Exam Passed	University	Year of passing	Class/Division	Percentage of Marks

Medical Council Registration No. & Place:

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EXPERIENCE:

Sl. No.	Organization	Post Held	Period		Last Pay drawn	Nature of duties performed
			From	To		

I certify that the above information is correct and supporting documents are enclosed.

PLACE:
DATE:

SIGNATURE:
NAME: