

(A Government of India Enterprise) Smelter & Power Complex, Nalconagar-759 145 HRD DEPARTMENT

WALK-IN-INTERVIEW FOR ENGAGEMENT OF DOCTOR ON CONTRACT BASIS

National Aluminium Company Limited (NALCO), a Navaratna Company is looking for engagement of full time Doctors for the following positions purely on contract basis initially for a period of two years for its hospital at S&P Complex, Angul.

Position	Vacancy	Upper Age Iimit	Qualification	Monthly Remuneration
General Duty Medical Officer	01		MBBS from recognized University	Rs.51,000/-
Specialists Medicine Surgery Paediatrics Radiology	04 (one post each)	63 years	MD/MS/Recognized post MBBS Diploma from recognized University	 Rs.90,000/- (Upto 10 yrs. of exp.) Rs.1,15,000/- (10 yrs. to 20 yrs of exp.) Rs.1,40,000/(more than 20 yrs. of exp.)

Other facilities like accommodation, telephone, medical, etc. as admissible would be extended commensurating the merit of the incumbent and in accordance with the extant rules of the Company.

Interested doctors may call on us for a Personal Interview on **02.09.2020 at 9.00 AM** at **Training Centre**, **S&P Complex**, **Nalco Nagar**, **Angul**. At the time of interview, the candidates are required to submit their duly filled-in Bio-Data Form available in the Career Section of our website www.nalcoindia.com along with all original credentials and supporting documents in respect of their age, qualification & experience.

Advt. No.14200205

AGM (IE)-S&P,RECT.



FORM OF APPLICATION FOR ENGAGEMENT OF DOCTOR ON CONTRATUAL BASIS Post Applied For: _____

1 OSt / tpplica i	01.		-						
01. Name in fu (In Capital L 02. Father's /H						_	ste a recent ssport sized tograph and		
03. Date of Bir	th	<u>:</u>						gn it across	
04. Age as on 02.09.2020		<u>:</u>	:						
05. Nationality		:	:						
06. Religion		:							
07. Gender		:							
08. Marital Status		÷	:						
09. Present Ac (With Mobil If any)	ldress e No. & E-Mail a					 			
10. Permanent	t Address	:							
11. Details of A	Academic/Profes	ssional Qualific	atio	n:					
Exam. Name of the Passed Council/ Board/Un					f Class/ Division	Main Subjec	ts	% of marks obtained	
12. Experience	e /Specialised Ti	raining if any:							
Name of the Organisation/Institution		Period of Experience/T	of rain	Work	Total Year	Nature of Training	Work/	Remarks	
		From	n To		Months of service/ Training	of			
13. Valid Medical Registration certificate No. till:					:Valid				
14. Whether S	C/ST/OBC/PWE)			:				
	e Employment lentify proof & No		egis	tration No	:				
submitted by me	formation furnished are found to be NALCO without	false/ incorrect	at a	ny point of					
Date: Place :					SIGNATUR	RE OF THE C	ANDID	ATE	