

ANNEXURE A

ADVERTISEMENT FOR INVITING APPLICATION FOR RETAINER DOCTORS

INDIAN OIL CORPORATION LIMITED (PIPELINE DIVISION)

WESTERN REGION PIPELINES, SONGADH

REQUIRES RETAINER DOCTOR

Applications are invited from Medical professionals for engagement of Retainer to visit our **Songadh Pump Station Transit Camp, Flat no. 701 , Sidhhshila Apartment, Kanpura, Vyara -394650** for **2 (two) hours** per day for **26 (twenty six)** days a Month. Doctors with MD (Medicine)/ MS (General Surgery)/ MBBS qualification and minimum 2 years' experience as General Practitioner are eligible to apply. However, doctors with MD (Medicine)/ MS (General Surgery) will be preferred over MBBS. The retainer fees for doctors with MD (Medicine)/ MS (General Surgery) shall be **Rs. 1320/-** per hour and retainer fees for doctors with MBBS qualification shall be **Rs. 1020/-** per hour. The remuneration will be paid on actual attendance basis subject to maximum remuneration limited to 52 hours in a month. An increase of 5% annually on cumulative basis shall be paid for subsequent years. The initial period of contract will be for 3 years, which can be terminated by either side by giving 3 months' notice. On expiry of 3 years, further extension of 2 years can be granted on mutual agreement.

Interested candidates may send their application in a sealed cover superscribing 'Application for Retainer Doctor" to **COM, IOCL, Transit Camp, Flat no. 701 , Sidhhshila Apartment, Kanpura, Vyara - 394650 Mob. No. 9358274611** latest by 15 days from the date of publication of advertisement in the format as enclosed at <https://www.iocl.com/latest-job-opening>.

Please note that all further announcement in this regard including corrigendum, if any would be made only at this website i.e. <https://www.iocl.com/latest-job-opening>.

For further detail, please write on e-mail ID wahanegc@indianoil.in or contact at +91-9358274611

FORMAT for Application for Retainer Doctor

INDIAN OIL CORPORATION LIMITED (PIPELINES DIVISION) WESTERN REGION PIPELINES

SONGADH PUMP STATION

1. Name:

2. Date of Birth:

3. Qualification: (please attached the copy of degree certificate)

4. Experience: (Please attached the copy of registration certificate)

5. Residence and Clinic Address with telephone:

6. Email ID:

7. Signature: