



No. A-25/8/(1)/2021-A&P (Comp.1523)

Dated: 29th Jul, 2024

VACANCY CIRCULAR NO. P-01/ 2024-25

ADVERTISEMENT FOR ENGAGEMENT OF PART TIME MEDICAL OFFICER ON CONTRACT BASIS AT TRAI HQ, NEW DELHI

Telecom Regulatory Authority of India (TRAI), New Delhi is a statutory body set up under an Act of Parliament viz., TRAI Act, 1997. TRAI has been established to regulate the Telecommunications Services and to protect the interest of service providers and consumers of the telecom sector, to promote and ensure orderly growth of the telecom sector and for matters connected therewith or incidental thereto. The functions relating to regulation of Broadcasting and Cable Services Sectors have also been entrusted to TRAI from 2004.

2. TRAI intends to engage the services of a qualified and experienced medical specialist on part time contract basis. The doctor is required to visit the office of TRAI located at Tower-F, NBCC World Trade Centre, Nauroji Nagar, New Delhi twice a week. The qualifications, experience and other terms and conditions for engagement of Part Time Medical Officer will be as follows:

Qualifications, Experience & other service conditions:

1. Qualification & Experience	<p><u>Essential qualification</u></p> <p>Degree in MBBS</p> <p><u>Desirable qualification</u></p> <p>M.D. <u>or</u> Equivalent</p> <p><u>Experience</u></p> <p>i. Minimum 20 years experience in Govt. Hospitals/Institutions/Dispensaries/PSUs/ Private Sector/Charitable Hospitals/ Dispensaries/Private Practice or Retired from Central/State Government Service.</p> <p style="text-align: center;"><u>And</u></p> <p>ii. Presently working/practicing in Delhi/NCR <u>or</u> having own hospital/clinic/dispensary in Delhi/NCR.</p>
-------------------------------	--

Contd..P/2

..2..

2.	Minimum Age	: 45 Years.
3.	Visiting Hours	: Twice in a week on a mutual convenient days for 3 hours each.
4.	Period of Engagement	: Initially for one year from the date of Joining and extendable for further period of one year after review of performance/ mutually consent basis.
5.	Maximum age limit for contract	: 65 Years
6.	Nature of Service	: Part time basis. To provide medical advice/assistance to TRAI employee. The nature of service would also include the following: <ul style="list-style-type: none"> i. To attend to all visitors and provide medical attention. ii. To advise regarding referral to Specialists. iii. To advise regarding annual check-up of employees iv. Prescription be given (without any charges) v. To attend officers/staff of TRAI and their family at his/her clinic (if required) with consultation charges fixed by CGHS for OPD vi. In the event of the scheduled visit falling on a closed holiday, the same shall be compensated by a visit on any other working day with the consultation of A&P Section of TRAI. vii. To conduct health check-up camps/health talks in association with renowned health institutions/doctors without any cost.
7.	Resignation/ Termination	: Two months notice from either side.



..3..

3. The Doctors who are willing to offer their services may send their details in the prescribed application format attached herewith clearly indicating their qualification, work experience etc. They may also quote expected minimum monthly remuneration, including taxes, if any, and send in a separate sealed cover. The offer of remuneration will be opened only in respect of those cases whose names are shortlisted on the basis of their qualifications and experience by a Committee constituted for this purpose. The offer may be sent to the **Senior Research Officer (A&P), Telecom Regulatory Authority of India, 6th Floor, Tower-F, NBCC World Trade Center, Nauroji Nagar, New Delhi-110029 by 6th Sep, 2024.**

4. Applications received after the last date will not be entertained in any circumstances. TRAI reserves the right to accept or reject any or all applications without assigning any reason.

Encls: As above



(D.S. Jadaun)

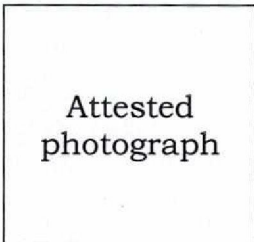
Senior Research Officer (A&P)

Tel. 011-26769-631

Internal circulation for information:

1. OSD, O/o Chairperson, TRAI
2. Sr. PPS to Member, TRAI
3. Sr. PPS to Secretary, TRAI
4. All Principal Advisors/Advisors [HQ], TRAI.
5. JA (IT) - with a request to upload the same in the TRAI website.
6. Notice Board.

APPLICATION FORM FOR ENGAGEMENT AS PART TIME MEDICAL OFFICER IN TELECOM REGULATORY AUTHORITY OF INDIA HEADQUARTER AT NEW DELHI



1. Name of the post : Part-Time Medical Officer (Allopathic) on contract basis
2. Full Name (in Capital Letters) :
3. Father's Name :
4. Age & Date of Birth : Age.....Date of Birth.....
5. Address for (Correspondence)
.....
.....PIN.....
6. Permanent Address :
-
.....PIN.....
7. Sex : Male () Female ()
8. Contact details : Landline.....
Mobile:.....
Email:.....
9. Educational Qualifications:

Level	Year of Passing	Division/ Grade	University	Subject specialization
MBBS				
M.D.				

(please attach certified copies of degree)

10. Details of Employment in chronological order:
(Use Separate sheets if the space provided is not sufficient)

Name of the office	Post Held	Ad-hoc/Temp/Regular/Pmt.	Exact dates to be given	Total period (in Years)	Scale of Pay	Nature of Duties

Use separate sheet, if required (Please attach proof of experience where available)

11. Date of retirement from the Govt. Service, if applicable:.....
12. Details of Present employment :
(Wherever applicable)
13. Details of certified photocopies of certificates are to be enclosed.
- (a) SSC Certificate (as proof of age)
 - (b) A Degree in MBBS, MD or equivalent
 - (c) Registration Certificate
 - (d) Copy of any one as proof of identity: Voter ID Card/Driving License/Aadhar Card/Passport
 - (e) Copy of any one as proof of residence: Water Utility / Telephone Bill/ Electricity bill
 - (f) Two copies of latest passport size photographs
 - (g) The experience should be mentioned separately in tabular form stating
 - 1) Central/State Govt. Service
 - 2) Govt. Hospitals/ Institutions/ Dispensaries
 - 3) PSUs and
 - 4) Private Sector Hospitals/ Institutions/Charitable Dispensaries etc.
 - (h) Two references

Contd..P/3



I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the concerned authorities if I am declared by them to be guilty of any type of misconduct mentioned herein.

(Signature of the applicant)

Name: _____

Dated:

Place:

Balau