

Hindustan Copper Limited
(A Govt. of India Schedule 'A' Enterprise)
1, Ashutosh Chowdhury Avenue, Kolkata-700 019.

No. HCL/HR/Rectt./RETAINER DOCTOR/2019

Dated: 09.09.2019

ADVERTISEMENT FOR THE POST OF PART-TIME RETAINER CONSULTANT DOCTOR

Eligible Physicians (MD/MBBS) are invited for the Walk-in Interview to be held on **25/09/2019**, "Tamra Bhavan, 1, Ashutosh Chowdhury Avenue, Kolkata-700019 (Opposite: Modern Girls High School and near Ice Skating Rink)" for engagement as Part-Time Retainer Consultant Doctor at its Corporate Office, Kolkata. The reporting time shall be from 11.00 AM to 3.00 PM on 25.09.2019.

The terms and conditions in details are as under.

SN	Items	Terms & Conditions
1.	Qualification	: MD / MBBS (as the case may be) recognized by Medical Council of India / Statutory Body concerned.
2.	Visiting / Working Hours	: Four Hours per day (two hours before lunch and two hours after lunch), starting from 11.00 AM on all working days of HCL, Corporate Office from Monday to Friday (5-day-week) excepting on holidays at Corporate Office.
3.	Experience	: Minimum 10 years Post Qualification Experience (Preferably of CPSE/Government department).
4.	Age	: Maximum 65 years.
5.	Retainership Fee	: i. Consolidated amount of Rs. 40000/- per month for Doctor possessing MBBS and Rs. 50000/- per month for Doctor possessing MD degree. ii. Consultation per visit at Doctor's Private Chamber, if any – Fees shall be 50% of his normal fees. iii. Consultation per visit at Residence of the Employee – Rs.450/- for MBBS and Rs.550/- for MD. It shall be done in case of emergency only. iv. The Doctor shall have to arrange his / her own conveyance.
6.	Leave	: 12 (Twelve) Days in a Calendar Year. If total period of leave exceeds 12 (Twelve) working days, pro-rata deduction will be made from the Retainership fee. In the event of leave of absence exceeds continuous 02 (Two) working days, he / she shall have to make alternative arrangements of another qualified Medical Practitioner (at least MBBS / MD degree holder, as the case may be) on Retainership basis to cover the period of his / her leave / absence and the Company shall pay such Medical Practitioner such retainer fee at the same rate on pro-rata basis as applicable to him / her.
7.	Period of Retainership	: Initially for 2 (Two) years to be extended by 2 years at a time subject to satisfactory performance.
8.	Notice Period	: Either side, i.e., from Management or Retainer Doctor one month notice period for discontinuation of the Retainership. Or the Company / Doctor retaining the option of giving / accepting an amount equivalent to one month's Retainership fee in lieu of notice period.
9.	Scope of Work	
(a)	To extend medical consultation to employees/ex-employees posted at Corporate Office of Hindustan Copper Limited, which includes, prescribing medicine to be supplied by Company empanelled Medicine Supplier and also advising employees to undergo Diagnostic Tests as per requirement, at Company empanelled Diagnostic Centers.	
(b)	To scrutinize, the medical claims of employees and/or their dependents posted at Corporate Office and	

	other Regional / City Offices.
(c)	To extend medical consultation and scrutinize the medical claims preferred by superannuated employees restricted to self and spouse and also to members of Post Retirement Medical Scheme for OPD treatment.
(d)	To offer advice / suggestions on matters relating to medical and health services from time-to-time including offering specific suggestions on cases of in-patient treatment of employees and or their dependents received from the Units / Offices.
(e)	To extend medical treatment to an employee or the eligible dependent(s) at the Private Chamber / Residence of the Doctor. In case of emergency, if the Retainership Doctor is required to visit the Residence of an Employee to extend medical treatment to an employee and/or his eligible dependant within Kolkata Municipal Corporation limits.

General

- i. Candidate should note that the details provided in the application are taken on their face value and the onus of proving the correctness and authenticity of the same, as and when required, lies with the applicant.
- ii. In matters requiring the interpretation of any of the terms and conditions of the Retainership spelt out above, and all the other matters referred above in this advertisement, the final decision shall be of the Director Incharge of Personnel Directorate, Hindustan Copper Limited.
- iii. No Travelling Allowance shall be paid for appearing at the Walk-in Interview.
- iv. In case of variation in name / surname / name spelling mentioned in the application with that in the respective certificates pertaining to Qualification / Caste etc., the applicant shall be required to submit an affidavit sworn-in before judicial magistrate / appropriate authority to this effect along with the respective documents at the time of interview failing which the candidature shall be liable to be cancelled.
- v. HCL shall be free to reject any application at any stage of the recruitment process if the candidate is found ineligible for the applied post.
- vi. The Corrigendum and updates, if any, shall be given only at our website www.hindustancopper.com and the candidates are advised to see the same from time to time on our website only. No publication of any update shall be made in newspapers.
- vii. **Application Form (Four sets) with photocopy of Certificates in support of Qualifications / Post Qualification Experience (along with Original Certificate) and other credentials should be brought at the Time of Walk-In Interview.**

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निर्देश Instructions	
1. सभी प्रविष्टियां बड़े अक्षरों में भरें।	All entries to be made in BLOCK CAPITALS.
2. नाम मैट्रिक प्रमाणपत्र के अनुसार हो।	Name to be recorded as in Matric Certificate.
3. प्रत्येक शब्द के बाद एक ब्लाक रिक्त छोड़ें।	Leave ONE BLANK BOX after each word.
4. तिथि DD/MM/YYYY के अनुसार भरें।	Date to be entered in DD/MM/YYYY fashion.
5. निर्दिष्ट स्थान पर चिह्न (✓) का प्रयोग करें।	Use TICK MARK (✓) where prescribed.

आवेदन सम्बंधी विवरण Details of Application

पद का नाम / ग्रेड (✓) Name of Post	Retainer Consultant Doctor
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अपनी नूतन पासपोर्ट आकार की फोटो चिपकाएं
Affix your recent passport size photograph

रिटेनरशिप फीस Retainership Fees	MBBS Consolidated amount of Rs. 40000/-	MD Consolidated amount of Rs. 50000/-
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आवेदक के विवरण Details of the Applicant

पूरा नाम Full Name	
पिता का नाम Father's Name	

लिंग Gender (✓)	पुरुष Male	स्त्री Female	जन्म तिथि Date of Birth	/	/
वैवाहिक स्थिति (✓) Marital Status	अविवाहित Unmarried	विवाहित Married	पहचान चिह्न Identification Mark		

मातृभाषा Mother Tongue	राष्ट्रीयता Nationality	धर्म Religion	स्थायी निवास राज्य Domicile State
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श्रेणी Category (✓)	सामान्य General	अनुसूचित जाति Scheduled Caste	अनुसूचित जनजाति Scheduled Tribe	अन्य पिछड़ी जाति Other Backward Class	अशक्त व्यक्ति Person With Disability	पूर्व सैनिक Ex-Serviceman
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पत्राचार हेतु वर्तमान पता Present Address for Communication
पिन कोड PIN Code

स्थायी पता Permanent Address
पिन कोड PIN Code

दूरभाष Phone
मोबाईल Mobile

दूरभाष Phone
मोबाईल Mobile

ईमेल Email

भाषा ज्ञान Language Known (✓)			
भाषा Language	पढ़ना Read	लिखना Write	बोलना Speak
अंग्रेजी English			
हिन्दी Hindi			

वर्तमान व्यवसाय / पेशा का विवरण Present Engagement details	
टिप्पणी यदि कोई हो Remark, If any	
संस्था का नाम Organisation Name	
पद Post	
तिथि से From Date	/ /



घोषणा Declaration

मैं घोषणा करता हूँ कि हिन्दुस्तान कॉपर लिमिटेड में नियोजन हेतु वर्णित पद पर मेरी उम्मीदवारी के सम्बन्ध में इस फार्म में मेरे द्वारा प्रदान किए गए सभी विवरण मेरे ज्ञान एवं विश्वास के अनुसार सत्य हैं। मैं यह भी समझता हूँ और वचन देता हूँ कि इनमें यदि किसी प्रकार की त्रुटि या विलोपन हो अथवा मेरे द्वारा प्रदत्त विवरण गलत पाए गए तो मेरी उम्मीदवारी अस्वीकृत हो सकती है तथा मेरा चयन / नियुक्ति निरस्त किया जाएगा।
I hereby declare that the details provided by me in this form in respect of my candidature for appointment in Hindustan Copper Limited for the post mentioned are true to the best of my knowledge and belief. I also understand and undertake that in the event of any misrepresentation or omission of details or any information being found to be incorrect, my candidature shall be liable to be rejected and my selection / appointment shall be rendered invalid.

स्थान Place: _____

तिथि Date: _____ / _____ / 2019

उम्मीदवार का हस्ताक्षर Signature of the Candidate

संलग्न दस्तावेजों की सूची List of Enclosed Documents		
क्र SN	संलग्न दस्तावेज Enclosed Documents	पृष्ठों की संख्या Nos. of Pages
1.		
2.		
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सूचना का अधिकार अधिनियम, 2005 के तहत सूचना का प्रकटीकरण (✓)

Disclosure of Information under Right to Information Act, 2005

मैं इस प्रकार सूचना का अधिकार अधिनियम, 2005 के तहत जानकारी के प्रकटीकरण का विकल्प चुनता हूँ।

I hereby opt out the option of disclosure of information under Right to Information Act, 2005.

हां प्रकट करें।

Yes Disclose.

प्रकट ना करें।

No Disclosure.

कार्यालय के प्रयोग हेतु For Official Use Only