



(A Government of India Enterprise)  
MINES & REFINERY COMPLEX  
Damanjodi – 763008, Dist: Koraput (Odisha)  
(CIN:L27203OR1981GOI000920)

REF.No.HRD/02/2015/83

Date: 04/02/2015

## N O T I C E

The National Aluminium Company, a leading Navratna Public Sector enterprise of global repute is looking for a Homoeopathic Doctor for its Hospital at Damanjodi in the District of Koraput on full time retainer ship basis for a period of two year (extendable by 01 year) to provide medical treatment to the Company's employees and their dependant family members. The terms & conditions of retainer ship are outlined below:

- 1 The retainer would attend the Hospital during full OPD hours on all weekdays, except Sundays and notified holidays of M&R Complex, Damanjodi. He/She will be paid a consolidated fee of Rs.20, 000/- per month.
- 2 Residential accommodation i.e. 'A' or 'B' type quarters will be considered for the retainer subject to availability. Where 'B' type accommodation is provided, 5% of consolidated fee or for 'A' type/single accommodation in Transit House 2.5% of the consolidated fee will be charged. Water/Electricity charges will be recovered as per the rates applicable for the Company's employees.
- 3 In case of absence of the retainer from attending the OPD without availing leave or beyond leave due, the consolidated fee will be reduced on pro-rata basis dividing the total fee by 30. He/She is entitled to 20 days leave per annum.
- 4 The retainer is not permitted to any form of private consultation with employees or their dependant family members.
- 5 The retainer will be entitled to medical benefits for self, spouse and dependent children in the company's Hospital only. However, He/She would not be eligible for reimbursement of medical expenses on outside medical treatment.
- 6 He/She will report to Dy. General Manager (MS) Nalco Hospital, Damanjodi. He/She would also assist him in scrutinizing the claims for reimbursement of medical expenses in His/her area apart from providing consultancy/treatment to the employees and their dependant family members.
- 7 The retainer ship contract would come to an end on its expiry automatically unless extended in writing in advance. The contract may be terminated by either party during its course by a notice of 30 days.
8. It is essential for the selected candidate to clear the medical fitness test before joining.

Interested candidates holding BHMS qualification from a recognized Institution and having valid registration with State Homoeopathic Board may apply to the undersigned in the specified format enclosing therewith copies of certificates/testimonials etc so as to reach on or before 28/02/2015. Upper age limit for the said positions should not be more than 55 years as on 1<sup>st</sup> February 2015.

The candidates will make their own arrangement for stay while appearing for the Test/Interview. No TA would be paid for attending the test/Interview.

  
(S.S.Panda)

**Assistant General Manager (HRD)**

**APPLICATION FORM FOR ENGAGEMENT  
OF HOMOEOPATHIC DOCTOR ON RETAINERSHIP BASIS**

|    |                               |  |  |
|----|-------------------------------|--|--|
| 1. | POSITION APPLIED FOR          |  | SPACE FOR<br>PASSPORT SIZE<br>PHOTOGRAPH |
| 2  | NAME                          |  |  |
| 3  | FATHER' NAME                  |  |  |
| 4  | DATE OF BIRTH                 |  |  |
| 5  | PRESENT ADDRESS               |  |  |
| 6  | PERMANENT ADDRESS             |  |  |
| 7  | TEL./ MOBILE NO.<br>e-mail id |  |  |

**8.ACADEMIC / PROFESSIONAL QUALIFICATION**

| Exam passed | Institution/<br>University | Year<br>Passing | of | Class/<br>Division | Main<br>Subjects | %of Marks |
|-------------|----------------------------|-----------------|----|--------------------|------------------|-----------|
|             |                            |                 |    |                    |                  |           |

|   |  |  |
|---|--|--|
| 9 | REGD.NO. AND IT'S VALIDY<br>(STATE HOMOEOPATHIC BOARD) |  |
|---|--|--|

**10. DETAILS OF PAST AND PRESENT EXPERIENCE:**

| Name of the<br>organization | Period of<br>service |    | Designation | Nature of<br>duties | Total salary<br>(Per month)<br>drawn | Reason of leaving |
|-----------------------------|----------------------|----|-------------|---------------------|--------------------------------------|-------------------|
|                             | From                 | To |             |                     |                                      |                   |
|                             |                      |    |             |                     |                                      |                   |

|    |                   |  |
|----|-------------------|--|
| 11 | WHETHER SC/ST/OBC |  |
|----|-------------------|--|

I DO HEREBY DECLARE THAT THE ABOVE INFORMATION FURNISHED BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF.

DATE:

SIGNATURE OF THE CANDIDATE