

## VACANCY CIRCULAR

1.	Name of position	Authorized Medical Attendant (AMA)
2.	Name of vacancy	01 (One)
3.	Place of duty	ICAR-DCFR, Bhimtal
4.	Mode of application	OFFLINE
5.	Eligibility	MBBS (Minimum)
6.	Age Limit	Minimum- 30 yrs.
7.	Tenure	Initially one year
8.	Experience	Minimum 5 years in relevant field
9.	Remuneration	25,000/- p.m. consolidated
10.	Working days	Monday, Wednesday, Friday
11.	Timing	10:30 AM to 12:30 PM
12.	Method of recruitment	Contractual basis

Preference would be given to candidates having knowledge of CCS (MA) Rules.

Interested and eligible candidates may fill the enclosed application form along with required documents and such as degree certificate and registration etc. submit it to:

The Director,  
ICAR-Directorate of Coldwater Fisheries Research,  
Bhimtal, Distt.- Nainital 263136

**Last date to receive application:- 15.12.2023/ 05:30 pm**

ANNEXURE "C"

(to be filled by the concerned doctor in duplicates)

**VERIFICATION FORM FOR APPOINTMENT OF AUTHORISED MEDICAL ATTENDANT IN THE AREAS NOT COVERED BY CGHS**

**Warning:**

The furnishing of false information or suppression of any factual information in the verification form would be a disqualification for appointment as AMA. If the fact that the false information has been furnished or that there has been suppression of any factual information in the verification form comes to notice at any time during the period of appointment of AMA, his services would be liable to be terminated.

Photograph  
of the  
candidate.

1.	Name in full (Block letters) (The name should be same as in his qualification degree).	
2.	Father/Husband's Name	
3.	Date of Birth	
4.	Nationality	
5.	Medical Qualification i.e. MBBS/MD (Photocopy of the certificate/marksheets should be annexed).	
6.	MCI registration number and place of registration (Photocopy of the certificate/mark sheets should be annexed).	
7.	Name of Medical College and the University from where medical degree (Bachelor) obtained.	
8.	Name of Medical College and the University from where medical degree (Master, if any) obtained.	
9.	Full Address of Clinic/Medical centre (i.e. Number, Lane/ Street/ Road Village, Thana, Post Office, District etc.)	
10.	Present Residential Address in full (including the name of Thana)	
11.	Permanent Residential Address in full (including the name of Thana)	
12.	Work experience, if any in Government Hospital.	

13.	Work experience, total (in brief).	
14.	Have you ever been arrested, prosecuted, or fined by a Court of Law. If yes, give full details.	Yes/No.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Date:  
Place:

Signature of candidate  
(With stamp)

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(To be filled by Verifying Authority i.e. local police Department)

Certified that the verification in respect of Dr.....  
Resident of .....

Whose clinic is situated at .....

has been carried out and nothing adverse has been noticed against him/her in our records.

Date:  
Place:

Signature

Name & Stamp of verifying authority.

Terms & Conditions for engagement of a part time doctor at ICAR-DCFR,  
Bhimtal.

1. A monthly consolidated remuneration Rs. 25000/- p.m. will be paid to the Doctor.
2. The Doctor to visit at the office thrice a week i.e. Monday, Wednesday and Friday for treatment of office staff and their family on fixed time 10:30 AM to 12:30PM.
3. The Doctor will not charge any consultation/injection fee from the members of office staff and their families.
4. The Competent Authority at this Directorate may prescribe any others conditions as from time to time.
5. The Doctor will be required to follow strictly the rules under the Central Services (Medical Attendance) Rules, 1944 and orders issued from time to time.
6. The doctor will not be entitled for any kinds of leave/tour etc.
7. The part time appointment shall not confirm any right on its incumbent to claim absorption to a regular post in office.
8. The contract for engagement/ services of the Doctor may be terminated by the Competent Authority of the Directorate at any time even before the expiry of terms without assigning any reasons or notice.
9. The qualification of the AMA is MBBS.
10. If any employee or members of the family is not able to receive medical attendance at the office for treatment due to condition of his ailment, the doctor would visit his/her residence for his/her treatment within the allotted hours without any fee.
11. For visiting the patients in their residence as in terms no. 10 necessary conveyance facilities would be provided to the Doctor.
12. **In case of emergency, Doctor will have to attend patient on other days also as per need without any fee.**
13. If any members of office staff and their families want to seek consultation in the consultation chamber of the Doctor, no fee should be charged form him/her.
14. In case of absence for the period a prorated deduction from the consolidated remuneration shall be made for the days of absence.
15. The attached declaration Annexure-3 is also to be fulfilled.
16. Medical registration Certification.