

**HINDUSTAN AERONAUTICS LIMITED  
(ACCESSORIES DIVISION, LUCKNOW)**

**HR DEPARTMENT**

**Advt. No. HAL-ADL/HR/R/1211/2017/06**

**22<sup>nd</sup> Dec., 2017**

HINDUSTAN AERONAUTICS LIMITED (HAL), a Navratna Central Public Sector Undertaking in the Aeronautical Industry needs to engage a **Visiting Consultant (Specialist Doctor)** for HAL Hospital, Lucknow as per details mentioned hereunder. Engagement is purely on part-time basis, initially for two years (extendable for another 2 years as per discretion of the Management).

**(A) Visiting Consultant(Specialist Doctor) :**

<b>Sl. No.</b>	<b>Specialty / Discipline</b>	<b>No. of Posts</b>	<b>Qualification</b>
1.	Cardiologist	01	MBBS with MD with DM(Cardiology) or MBBS with MD(Medicine) with 05 years Post PG experience in Cardiology.

- Basic knowledge in Computer application is desirable for the above post.

**Age:** Upper age limit is 65 years as on 01.01.2018.

**Remuneration :-**

@ Rs. 1250/- per hour for 2 hours per day + Rs. 250/- (for conveyance per visit). Total emolument for one month (12 days i.e. 3 days a week) will be Rs. 30000/- + Rs. 3000/- = Rs. 33000/- (approx.)

- **How to apply :**

Applications in the prescribed format along with photocopies of testimonials and passport size photo etc. may be sent to Manager(HR)-Recruitment Section, Hindustan Aeronautics Limited, Accessories Division, Lucknow-226016 mentioning the name of post applied for so to reach on or before **11/01/2018**. Suitable candidates from the applicants would be shortlisted and would be called for an Interview to be conducted by duly constituted Selection Committee.

- **Period of Engagement :**

The engagement will be initially for a period of two years. However, the period of engagement is extendable for another 2 years as per discretion of the Management based on the performance of the visiting consultants and requirement in the Hospital of the Division. The Visiting Consultants would be reporting to a designated regular Doctor in the Hospital of the Division.

➤ **Other benefits and General Terms & Conditions :**

- The Visiting Consultants (Specialist Doctors) having post qualification experience in the relevant stream will be preferred for the post;
- The engagement of Visiting Consultant (Specialist Doctor) will be purely temporary and will not confer any right to the Consultant to claim the status of a regular employee of the Company;
- The Visiting Consultant (Specialist Doctor) will not be entitled for any other Allowance or Benefits other than those indicated above;
- The Visiting Consultant (Specialist Doctor) will abide by the Company Rules & Regulations governing their engagement;
- The Visiting Consultant (Specialist Doctor) will safeguard the security and confidentiality of all official matters and secrecy of information coming to his knowledge;
- The Visiting Consultant (Specialist Doctor) will be covered under the Income Tax, Service Tax, Professional Tax etc., as per the applicable Rules. All such Taxes would be deducted from the remuneration payable to the Consultant;
- The engagement of the Visiting Consultant (Specialist Doctor) will stand automatically terminated on completion of the prescribed tenure as specified in the Offer of Engagement. The engagement can be terminated even earlier, with 1 month Notice in writing by either side or payment (Consolidated Remuneration equivalent to the amount payable for 5 visits) in lieu of the Notice.

**Chief Manager (HR)**

**HINDUSTAN AERONAUTICS LIMITED  
(ACCESSORIES DIVISION, LUCKNOW)**

BIO-DATA FORM (To be filled in Block Letters)

Paste self  
attested  
colour  
photo

1. Post applied for : \_\_\_\_\_
2. Name (S./Shri/Smt.) : \_\_\_\_\_
3. Father's /Husband's Name : \_\_\_\_\_
4. Date of Birth & Age : \_\_\_\_\_
5. Address for Communication : \_\_\_\_\_  
\_\_\_\_\_
6. Permanent address : \_\_\_\_\_  
\_\_\_\_\_
7. Telephone / Mobile No. : \_\_\_\_\_
8. E-Mail ID : \_\_\_\_\_
9. QUALIFICATION (Academic & Professional) :

Sl. No.	Qualification	Name of the Institution	Division / (% of marks)	Year of Passing

10. Experience :

Sl. No.	Name of the Company/ Organisation / Private Practice	PERIOD		Total years of Experience
		From	To	

11. Other Details : \_\_\_\_\_

\_\_\_\_\_

The above information given / furnished by me is true to best of my knowledge.

**Note** : Additional sheets may be used, if required

SIGNATURE OF THE APPLICANT

Date:  
Place: