



भा.कृ.अनु.प-केन्द्रीय उपोष्ण बागवानी संस्थान

रहमानखेड़ा, डाकघर काकोरी, लखनऊ-226 101 (भारत)

ICAR-Central Institute for Subtropical Horticulture

Rehmankhhera, P.O. Kakori, Lucknow - 226 101 (India)

Phone : 0522-2841022, 24 Fax : 0522-2841025 E-Mail : cish.lucknow@gmail.com; Website : www.cish.res.in



F. No. 1-7(1)/Estt.

Dated : .06.2020

Applications are invited for the post of **Part-Time Medical Officer** on contract basis (purely temporary) at ICAR-CISH, Lucknow. The eligibility criteria and other terms and conditions for the position are as under.

Sr. No.	Work Place	Name of the post	No. of post	Essential Qualifications	Other requirements
1.	ICAR-CISH, R. B. Road Campus, Lucknow	Part-Time Medical Officer (Female only)	01	MBBS Degree and registered at State Medical Council/MCI	Desirable Experience: Five years experience in a Govt. hospital/Nursing Home/Private Hospitals

Terms & Conditions

- **Remuneration/Emoluments:** Rs. 30,000/- (Fixed) per month
- **Tenure of Engagement:** The engagement shall be for a period of 1 (one) year and purely on contract basis.
- **Working hours:** At least for two hours per day on all working days and the timings will be fixed by the Office preferably in evening.
- This engagement may be terminated at any time by the Institute without assigning any reason by giving a notice of fifteen days.
- TDS 10% will be deducted from the remuneration on monthly basis
- The period of contractual engagement shall be for one year and it can be extended further by mutual consent.
- Monthly emoluments shall be paid only on submission of monthly bill of service rendered to the satisfaction of the CISH, Lucknow.
- Any misconduct unauthorized or wilful absence from duty for a period of 07 days may lead to termination of engagement by the CISH, Lucknow without any notice.

Age will be relaxed in the deserving cases.

- **Place of Posting:** ICAR-CISH, R. B. Road Campus, Guest House, Lucknow
- No consultation fee or charge for administering intramuscular injections can be claimed from the patients.
- No fee shall be charged from the patients for issue of medical/fitness certificate
- For Leave or Absence of any other type, the Part Time Medical Doctor will be required to inform the Institute in Advance. Absence period will be deducted on pro-rata basis from the remuneration.
- The Part-Time Medical Officer must adhere to the instructions as and when issued by the Competent Authority, ICAR-CISH in discharging the duties.

Interested Candidates may send the application in the prescribed proforma to the 'The Director, ICAR-Central Institute for Subtropical Horticulture, Rehmankhhera, Lucknow' or by e-mail at cish.lucknow@gmail.com.

The last date for sending application form is 04.07.2020.

Sr. Adm. Officer

<u>ICAR- Central Institute for Subtropical Horticulture</u> Rehmankhera, Kakori, Lucknow	Latest Passport size photograph
Application for the post of : <u>Part Time Medical Officer (Female)</u>	

1.	Full Name in Block Letters			
2.	Father/Husband Name			
3.	Date of Birth			
4.	Category (SC/ST/OBC/PH)			
5.	Address for Communication			
	Contact No.			
	E-mail			
6.	Educational Qualifications (from Highest degree onwards) Attach self-attested photo copies-Submission of Original documents is mandatory for verification			
	Qualifications	Board/Univ.	Division	% of Marks
	(a)			
	(b)			
	(c)			
	(d)			
7.	Experience (Attach self-attested photo copies – Submission of Original documents is mandatory.)			
	Name of Organization	Designation	Period	
			Years/Months	
	(a)			
	(b)			
	(c)			
	Total Experiences			
8.	Other Information, if any			

UNDER TAKING

I do hereby declare and certify that the information furnished in the application are correct and true to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect/incomplete or ineligibility being detected at any time before or after the test/selection, my candidature is liable to be rejected/cancelled without notice. I shall be bound by the decision of Director, ICAR-CISH, Lucknow.

Place: _____

Signature of the Candidate: _____

Date: _____