

DTC invites applications for post of Part-Time Medical Officers (Allopathic) from eligible having MBBS Degree. (16 Nos.). The consolidated monthly remuneration, Terms & Conditions of appointment are as under: -

1. Part-Time Medical Officers (Four hours daily except Sunday and GH) who have four years experience or more will be paid consolidated remuneration @ Rs.29452/- per month + P.F. @ 12 % i.e. Rs. 3534/- to be remitted by the Corporation on account of Employer's Contribution of Provident Fund to the PF Trust. (Total amount Rs.29452/-+Rs.3534/-=Rs.32986/-).
2. Part-Time Medical Officers (Four hours daily except Sunday and GH) having less than four years experience will be paid consolidated remuneration @ Rs. 22,089/- per month + P.F. @ 12 % i.e. Rs. 2650/- to be remitted by the Corporation on account of Employer's Contribution of Provident Fund to the PF Trust. (Total 2650+Rs. 22089=Rs.24739/-).
3. Experience will be counted from the date of passing the M.B.B.S. examination.
4. In a calendar year, 8 Casual leave with pay will be allowed to Part-Time Medical Officers besides above remuneration.
5. The post of Part-Time Medical Officers in DTC is purely on Temporary basis. They shall not raise any claim for regularization of services on permanent basis in DTC at any point of time. Their services can be terminated at any stage without assigning any reason.
6. The Part-Time Medical Officers will not be entitled for any kind of other allowance except consolidated wages in the event of their superannuation/discontinuation from the services for the benefits like Gratuity etc.
7. In case any doctor has already been engaged/working in the Govt./Semi Govt. Sector/Autonomous bodies, he/she should inform this office in writing that he/she will resign from the concerned departments before joining in DTC.
8. The timings can be fixed by mutual discussion between 11 A.M. to 05.00 P.M. suitably. Part-Time Medical Officer so appointed can be posted in any of the dispensaries of the Corporation in the Union Territory of Delhi.
9. The Corporation will issue a Bus Pass to the Part-Time Medical Officers for travelling in DTC buses in the Union Territory of Delhi only for the period of this assignment or till the assignment remains in force.
10. The Part-Time Medical Officer will not be entitled to any remuneration for the days, he/she does not attend dispensary except for Sundays and Gazetted holidays.
11. The Part-Time Medical Officer will be posted in the Units of Corporation to examine the sick members of the staff and their families, prescribing medicines, render medical advice, administer injections etc.
12. Maximum age limit: 50 years.
13. Eligible and willing candidates should apply through proper channel (if working in Govt./Semi Govt. Hospital) to Manager (Personnel), Delhi Transport Corporation Headquarters, I.P. estate, New Delhi-110002 on the prescribed application performa attached herewith. The last date of receipt of applications for the post of Part-Time Medical Officer (Allopathic) is **15.02.2021**.

**Dy. CGM (Pers.)**

**Application Format for Part Medical Officer (Allopathic) in DTC**

Reference No. \_\_\_\_\_

Date \_\_\_\_\_

Name of the post applied for \_\_\_\_\_

Affix self attested recent passport size photograph.
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1. Full Name(in capital): \_\_\_\_\_
2. Father's/Husband's Name: \_\_\_\_\_
3. Date of Birth(in figure and words): \_\_\_\_\_
4. Gender : Male/Female \_\_\_\_\_
5. Nationality: \_\_\_\_\_
6. Permanent Address : \_\_\_\_\_
7. Address for correspondence \_\_\_\_\_
8. Tel Ph. Number : \_\_\_\_\_
9. Email-ID \_\_\_\_\_
10. Whether belongs to SC/ST/OBC/General : \_\_\_\_\_
11. Valid DMC Registration Number with date: \_\_\_\_\_
12. Educational qualifications:-

Sl. No	Exam/ Degree Passed	Year of passing	Name of Board/ University	% of Marks/ Division	Subject of Specialization

13. Date of completion of Internship \_\_\_\_\_
14. Name of Institution from which Internship done \_\_\_\_\_
15. Any other specialized training/course under-taken: \_\_\_\_\_
16. Whether worked as Junior Resident on Regular/Ad-hoc basis:

Name of Institution	Period of appointment	Regular/Ad-hoc

17. Experience (if any) \_\_\_\_\_
18. Any additional information \_\_\_\_\_

Declaration: I solemnly declare that above statement made by me are true and correct to the best of my knowledge and belief.

Date-----

Place-----

(Signature of Applicant)

**Enclosures: -**

(Enclose copies of documents as per following order)

Please tick in the box.

- |       |  |                          |
|-------|--|--------------------------|
| i)    | All Educational Qualification certificates | <input type="checkbox"/> |
| ii)   | All Experience Certificates                | <input type="checkbox"/> |
| iii)  | Date of Birth Certificate                  | <input type="checkbox"/> |
| iv)   | Caste Certificate                          | <input type="checkbox"/> |
| v)    | PH Certificate if applicable               | <input type="checkbox"/> |
| vi)   | Internship Certificate                     | <input type="checkbox"/> |
| vii)  | MBBS Degree                                | <input type="checkbox"/> |
| viii) | Valid DMC                                  | <input type="checkbox"/> |
| ix)   | Identity Proof                             | <input type="checkbox"/> |
| x)    | Residential Address Proof                  | <input type="checkbox"/> |