

RECRUITMENT OF MEDICAL ASSESSOR

Airports Authority of India (A mini Ratna PSU) wishes to engage Medical Assessor on job contract basis for ATS personnel of AAI at CHQ, New Delhi.

Interested and eligible candidates may apply for interview by before 05.07.2017 up to 1800hrs to the office of GM (HR), CHQ, AAI, Rajiv Gandhi Bhawan, Safdarjung Airport, New Delhi at rectt.ipa@aai.aero and copy to ksrao@aai.aero. The eligibility criteria and terms and conditions for engaging Medical Assessor are as under:

The period of engagement shall be for two years which may be extended by one year on satisfactory performance of the incumbent subject to attending the required refresher courses at his own cost at such intervals as prescribed by regulatory authority and shall be subject to the needs of AAI.

Eligibility Criteria

1. **Qualification:** MBBS Degree and post-graduate degree in Aviation medicine. The Consultant shall be registered with the State Medical Council/Medical Council of India.

2. **(a) Experience:**

- i. One year tenure as DGCA Medical assessor **OR**
- ii. One year tenure at IAM/AFCME/MEC(E) OR DGCA approved Class I Medical Examination Centre **OR**
- iii. 3 years' experience as DGCA empanelled class II/ Class III Medical Examiner; with unblemished record .

(b) Desirable: Detailed understanding of the civil aviation rules, regulations, policies, and procedures related to the class-III medical certification

3. **Age:** Between 40 years to 70 years.

4. **Selection Process:** Eligible candidates shall be required to appear for an interview for which the date will be intimated by registered e-mail of the candidate.

6. **Pay and Allowances:**

a. For consultants engaged among Govt./PSU/Board/Authority Retired Officials

The emoluments shall be last salary drawn i.e. basic pay (CDA) + Grade pay (CDA) + Dearness allowance (CDA) + House rent allowance (CDA) and consultants has to inform to the pension authorities to regulate their pension receivable from Govt. of India as per extant rules applicable in case of re-employment **OR**

b. For consultants engaged from open market (i.e. other than Govt/PSU/Board/Authority Retired Officials)

The rates of Honorarium would be Rs 150000/ + conveyance allowance Rs3000/ + Telephone allowance Rs1000/.

The consultant is not eligible for any other pay and allowances other than (a) or (b) offered by AAI.

7.Tax Deduction at Source

The Income Tax or any other tax liability is to be deducted as per the prevailing rules from source before effecting the payment, for which the Department will issue TDS Certificate/s. Service Tax, as applicable shall be payable extra, at the prevalent rates.

8.Terms & Conditions:

1. The engagement of Medical Assessor is purely temporary. No claim shall lie for regular employment on that basis at any stage.
2. The consultant shall be eligible for 12 days leave in a calendar year on pro-rata basis. The un-availed leave in a calendar year cannot be carried forward to next calendar year or encashed at the end of the tenure.
3. Airports Authority of India does not undertake any liability for providing any medical facility to the consultant or his dependents, which is existing in AAI and there will be no other financial liability on the part of AAI, since the remuneration is inclusive of everything.

9.Termination of Engagement:

1. The engagement is liable to be terminated in case –
 - a) Medical Assessor commits a breach of code of conduct or the terms & Conditions of the engagement accepted by him / her.
 - b) Commits anything which is detrimental to the interest of AAI.
2. AAI may terminate the engagement immediately without issuing any notice.
3. The Medical Assessor may terminate the engagement after giving one month advance notice to AAI.
4. AAI would be free to terminate the services of the consultant, in case the consultant remains absent for more than 15 days beyond the entitled leave in a calendar year.

CHARTER OF DUTIES & RESPONSIBILITIES FOR MEDICAL ASSESSOR

The main tasks of the Medical Assessor will be as follows:

- a) Assessments of medical reports submitted to the Directorate of Certification of ATS Personnel, AAI by medical examiners.
- b) Taking decision on the fitness/unfitness/follow up of review/special medical examinations in respect of Air Traffic Controllers with disabilities /diseases are assessed.
- c) Taking decision on Permanent unfitness,
- d) Address and decide the cases of false declaration made by the candidates,
- e) NOC for conduct of delayed/early/special (after delayed or disability) medical examination,
- f) Oversee the appointment and nomination of Class III Medical Examiners.
- g) Evaluate complicated and unusual cases submitted by Medical Examiners and where the applicant does not fully meet the medical requirements, initiate the process of “accredited medical conclusion” as outlined in ICAO Annex 1.
- h) Safeguard medical confidentiality and determine, when justified by operational considerations, to what extent pertinent medical information is presented to relevant officials of the Directorate of Certification of ATS Personnel, AAI.
- i) Ensure that medical examiners meet applicable standards for good medical practice and aero-medical risk assessment, by carrying out Medical Assessment audits. If service or competency is found unsatisfactory, aviation medical assessor can recommend to the Directorate of Certification of ATS Personnel, AAI to take necessary action.
- j) Supervise the medical examination process.
- k) Maintain currency of professional knowledge in aviation medicine.
- l) Inform ATCO about the presence of risk factors or early warning signs of disease which do not clearly fall outside the prescribed standards, for timely remedial measures.
- m) Be the overall adviser in Aviation Medicine to the Directorate of Certification of ATS Personnel, AAI.
- n) Consider applicants’ appeal.
- o) Assist the Directorate of Certification of ATS Personnel for formulation of policies and procedures for Class 3 Assessments.
- p) Training /workshop/seminars for class III medical examiners
- q) Any other tasks related to medical assigned by AAI.

I hereby accept to adhere the above terms and conditions and duties & responsibilities.

Signature & Name of Applicant

Annexure 'B'

CODE OF CONDUCT FOR MEDICAL ASSESSOR

1. The Medical Assessor shall observe, comply and obey the orders / instructions issued from time to time by the AAI Management.
2. The Medical Assessor shall serve the AAI honestly & faithfully and show courtesy and attention in all transactions.
3. The Medical Assessor shall use his utmost endeavor to assess the fitness of ATS personnel.
4. AAI Shall not be a party to the dispute arising out of any medical negligence/lapse occurring during the verification/ assessment of Medical reports of the ATS personnel.
5. The Medical Assessor shall not solicit or accept any gift from any employee.
6. The Medical Assessor shall not solicit or accept any gift, commission or bonus in consideration of or return for the assessment of Medical reports of ATS personnel of AAI.
7. The Medical Assessor shall not outsource his services.
8. Medical Assessor shall abide by any law relating to intoxicating drugs and drinks enforced in the area.
9. Medical Assessor shall not indulge in any act of sexual harassment of any woman employee / beneficiary of AAI and shall be strictly abide by the law of the land and the rules / instructions issued by AAI time to time.

I hereby accept to adhere the above Code of conduct.

Signature & Name of Applicant

**APPLICATION FOR ENAGAGEMENT OF MEDICAL ASSESSOR ON CONTRACT BASIS
IN AIRPORTS AUTHORITY OF INDIA**

1. Name in full Sh./Kum./Smt. _____

2. Father's / Husband name _____

3. Age (Date of birth) & Sex _____

4. Marital Status _____

5. Phone No./Mobile No _____

6. Email I.D _____

7. Temporary Address _____

8. Permanent Address (with Place of Domicile) _____

9. Nationality _____

9. Educational Qualification:

SL No	EXAMINATION PASSED	BOARD/UNIV	PERCENTAGE	YEAR OF PASSING



10. Professional Qualification:

Degree/ Diploma	University / Board	Year of Passing

11. Details of Experience (after Post Graduation):

Organizations	Post Held	From	To	Period	
				Years	Month

12. Any other achievement / information which applicant would like to bring into account in support of his/her application_____

I hereby declare that the information and particulars given by me in this form are true and correct. I also note that if any of the above statements are incorrect or false or if any material information or particulars has been suppressed or omitted there from, my services are liable to be terminated without notice or compensation in lieu of notice.

(Signature of the Applicant)

Date:_____

Place: _____