



Airports Authority of India (A mini Ratna PSU) wishes to engage Medical consultants/specialist, on part time basis, in the fields of Internal Medicines/ Gynaecology/ Ophthalmology for its employees at Medical Centre, INA Colony, New Delhi.

Interested and eligible candidates may appear for walk in interview along with their all original documents/certificates, one set of attested photocopies and two recent passport size photographs on 11.08.2015 at 1000 – 1400 hrs. in the office of ED (Admn.), AAI, Rajiv Gandhi Bhawan, Safdarjung Airport, New Delhi. The eligibility criteria and terms and conditions for engaging consultant/Specialist are as under:

The period of engagement shall be for six months which may be extended on mutual agreement.

Eligibility Criteria

- 1. Qualification:** MD / MS in their respective field from a recognized University as per MCI norms / regulations. The Consultant shall be registered with the State Medical Council/Medical Council of India.
- 2. Experience:** Ten years of working experience from a Government Hospital /Private Hospital of repute after obtaining PG degree. Retired Doctors from the Government Institutions will be preferable.
- 3. Age:** Minimum 45 years. In case of retired Doctors maximum age is 65 years. The maximum age for serving as Medical Consultant shall be 70 years.

Duties/Visits

Consultant/Specialist is required to visit twice in a week with two hours per visit at designated place of duty. The days and timings shall be on mutual agreement.

Honorarium

Rs. 2000/- (Rs. Two Thousand only) per visit inclusive of conveyance

Terms & Conditions

1. The engagement of Consultant/Specialist is purely temporary. No claim shall lie for regular employment on that basis at any stage.
2. There shall not be any other liability on the part of AAI.



3. They will not be entitled for any leave & any other benefits enjoyed by the employees of the AAI.

Termination of Engagement:

1. The engagement is liable to be terminated in case –
 - a) Medical Consultant/Specialist commits a breach of code of conduct or the Terms Conditions of the engagement excepted 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 Consultant/Specialist may terminate the engagement after giving one month advance notice to AAI.



**CHARTER OF DUTIES & RESPONSIBILITIES FOR MEDICAL
CONSULTANTS/SPECIALIST**

1. To attend OPD at AAI designated Medical Centre as per prescribed duty hours.
2. To provide medical advice on all kinds of illnesses, prescribe medicine, administer injections, perform dressings etc. to the AAI beneficiaries.
3. To provide treatment/consultation to the medical emergency cases, if any, brought to the Medical Centre during duty hours.
4. To do prophylactic inoculation / vaccination wherever required.
5. To issue certificates in support of leave on medical grounds wherever the leave /rest is prescribed.
6. Consultant/Specialist will not refer any AAI beneficiary to the outside empanelled hospitals for taking indoor medical treatment. However, Consultant/Specialist may advise the AAI Doctors on duty regarding the kind of indoor treatment is required for the instant case.
7. Consultant/Specialist may report the major illnesses, if any, found during the examination of AAI beneficiaries to the AAI Doctors on duty.
8. To provide expert opinion about the appropriateness / reasonability and the cost of the indoor medical treatment pertaining to various claims as and when the same is referred to Consultant/Specialist.



9. To provide professional opinion on medical issues referred to Consultant/Specialist by the Management of AAI.

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

Signature & Name of Consultant/Specialist



CODE OF CONDUCT FOR MEDICAL CONSULTANTS/SPECIALIST

1. The Medical Consultants/Specialist shall observe, comply and obey the orders / instructions issued from time to time by the AAI Management.
2. The Medical Consultants/Specialist shall serve the AAI honestly & faithfully and show courtesy and attention in all transactions.
3. The Medical Consultants/Specialist shall use his utmost endeavour to promote the health of the AAI beneficiaries.
4. AAI Shall not be a party to the dispute arisen out of any medical negliency/lapse occuring during the treatment rendered by the Specialist/Consultant.
5. The Medical Consultants/Specialist shall not solicit or accept any gift from any employee.
6. The Medical Consultants/Specialist shall not solicit or accept any gift, commission or bonus in consideration of or return for the referring or recommending AAI beneficiaries for the treatment to outside medical agencies.
7. The Medical Consultants/Specialist shall not outsource his services to the AAI.
8. Medical Consultants/Specialist shall abide by any law relating to intoxicating drugs and drinks enforced in the area.
9. No Medical Consultants/Specialist shall 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 Consultant/Specialist



APPLICATION FORM

Application for Engagement of Medical Consultant Specialist on part time basis at AAI

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. Permanent Address (with Place of Domicile) _____

7. Temporary Address _____

8. Nationality _____
9. Educational Qualification: _____
10. Professional Qualification: _____

Degree / Diploma	University / Board	Year of Passing

11. Details of Experience (after Post Graduation):

Organisations	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: _____



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

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