

NOTICE

We are interested in engaging the services of empanelled Doctor (Professional Qualification of MBBS or above) on contract basis for our employees and their dependant family members at the Bank's dispensary at our Raiya Road Branch-Rajkot.

Terms & Conditions

1. The arrangement with the Doctor at the Bank's dispensary is not in the nature of a regular appointment. It is merely contracting the service of a professional for rendering certain services as in the case of Lawyers, Chartered Accountants, etc. Such professionals are paid agreed fees or honorarium or remuneration and such payment is not in the nature of salary and there is no employer-employee relationship in the arrangement.
2. The services of the Doctor is contractual on consolidated fees for rendering professional service for an hour on daily basis at the Banks dispensary for our employees and their dependent family members and pensioners and their spouses.
3. The Doctor should possess degree of MBBS or above from a recognized University, registration for medical practice (Professional Qualification of MBBS or above) and few years experience, etc.
4. The Doctor on contract basis will be paid remuneration within the limit of Rs.9000/- to Rs.10,000/-per month(will be decided by comparing the applications from interested Doctors).
5. The Doctor on contract basis will be required to attend the Bank's dispensary for an hour daily to provide consultations and conduct examination of cases refered to him by the Bank.

The Bio-Data form for the same has been made available on our website www.sgbrrb.org. Dully filled in Bio Data form along with required self attested copy of testimonials, certificates, etc. should be forwarded to the following address in a sealed envelope marked as **"APPLICATION FOR EMPENELLED DOCTOR ON CONTRACT BASIS AT BANK'S DISPENSARY"** before 21.07.2014.

The General Manager(O)
Saurashtra Gramin Bank
Head Office,
S.J.Palace, Gopal Nagar,
Dhebar Road,
Rajkot
Phone No:0281-2371128
Date:10.07.2014

BIO-DATA FORM TO BE FILLED BY THE APPLICANT

1	Name	
2	Date Of Birth	
3	Age	
4	Professional Qualification	
5	Registration No for Medical Practice	
6	Residential Address	
7	Telephone No.	
8	Attachment with other Hospitals/Organisation	
9	Experience	
10	Expected Honorarium	
11	Any Other	