

CENTRAL RAILWAY

Divisional Office,
Personnel Branch,
Mumbai CST.

No: BB/P/Wel/47

Date:25/10/2018

All Concerned,
Mumbai Division

Sub: Nomination of Homeopathic Physician on purely honorarium basis at Central Railway Byculla Hospital and CMS Kalyan of Mumbai Division, functioning under the Staff Benefit fund.

* * * * *

The Application are invited to nominate one part time Homeopathic Physician on purely honorarium basis at Central Railway Byculla Hospital and CMS KYN by Chairman, Divisional Staff Benefit Committee, Mumbai Division, Central Railway.

The Candidate who fuifills the following eligibility conditions may apply for part time Homeopathic Physician.

1. Eligibility Conditions	:	Degree/Diploma of not less than 4 years duration plus 5 years experience after acquiring the 4 years Degree/Diploma Course in the respective system of medicines.
2. Rate of fixed Honorarium	:	22500/- per month or(Rs. 750/- Per day as per presentee)
3. Last date for acceptance of application	:	14/11/2018
4. Age Limit	:	Not above 60 years.

Note: The working hours of the dispensary will be from 09:00 hrs to 13:00 hrs. excluding Sunday & Holiday.

The tenure of the nomination is purely temporary for a period of one year only on payment of consolidated monthly honorarium.

The Application in the prescribed format along with attested copies of necessary certificates may be sent to-

"Assistant Personnel Officer (L&W) Secretary "
SBF Sub Committee (Mumbai Division),
3rd floor, Divisional Railway Manager's Office ,
Mumbai CST.

Application received after the due date will not be accepted.

(A.K. Mandal)
Secretary (L&W)
SBF Committee

C/- SBF Members NRMU CRMS SC/ST & OBC

C/- Secretary - Central Staff Benefit Fund Committee,
GM's Office, 1st Floor Central Railway Mumbai CST

For information, pl.

BIO-DATA

Latest
Passport size
Photograph
attested by
Gazetted
Officer

**Application FOR One Part Time Homeopathic Physician
On Purely Honorarium Basis.**

1. Name Shri/Smt./Kum : _____
2. Educational Qualifications : _____
3. Experience after : _____
acquiring the 4 yrs. _____
Degree/Diploma Course _____
in the respective _____
medicine _____
4. Date of Birth : _____
5. Residential Address & : _____
Telephone Number _____

6. Identification Marks : 1. _____
2. _____

Signature of the Applicant