ANNEXURE-B3

APPLICATION FORM

(FOR VISITING MEDICAL CONSULTANT)

SPEECH THERAPIST, OCCUPATIONAL THERAPIST AND BEHAVIOURAL THERAPIST

(To be sent in a sealed cover mentioning-'EOI for Visiting Consultant.....' for:
Medical Superintendent, PO: Anushakti–323303 Via: Kota (Rajasthan)
(Kindly fill up all the columns. Incompletely filled form will not be considered)

Advertisement Notice No.	: EOI NO. RAPS/EOI/HR-Hospital/2022/	Photograph
Name of the Post applied for	: VISITING CONSULTANT	
1. Applicant Full Name (In Capital Letters)	: DR.	
2. Age & Sex:	_____years, Male / Female	
3. Address		
4. Mobile No.		
5. e-mail Address		
6. Medical Qualifications		
7. Registration Number		

8. Medical Qualification details -

Sr. No.	Exam Passed	Name of College / University	Year of passing	Duration of course
1.				
2.				
3.				
4.				

9. Total Years of post-qualification Experience:_____ years

10. Experience Details (starting from present/ last employment):

Sr. No.	Name of the Employer	Post Held	From Date	To Date	Total	
					Year	Month
1.						
2.						
3.						
4.						

11. Frequency of Visit	Three working days of week. (can be revised on requirement basis)
12. Convenient time (Preferably between)	09:00 AM to 05:00 PM
13. Expected Remuneration per visit- (up to 10 patients). (CGHS RATES/ ANY OTHER)	
14. Expected Transportation charges per visit	1.Travelling expenses at the rate per kilometre prescribed under NPCIL TA Rules for the actual distance in KM travelled (to & fro) will be reimbursed for own car. 2. Wherever travel is performed by taxi, the fare will be restricted to entitlement as per own car or actual expenditure incurred whichever is lower.
15. Period of Contract	03 (Three) years.

Date : Signature :