APPLICATION FORM
FOR VISITING CONSULTANT (OPHTHALMOLOGIST)

EOI Advertisement Notice No.	: **EOI NO. KAPS/EOI/HR-HOSPITAL/2025/02**	Photograph
Name of the Post	: VISITING CONSULTANT (OPHTHALMOLOGIST)	
1. Applicant Full Name (In Capital Letters)	: Dr. _____	
2. Age & Sex	: _____ years, Male / Female	
3. Address	: Residential Address –	
	: Hospital /Office Address –	
4. Mobile No.	:	
5. e-mail Address	:	
6. Medical Qualifications	:	
7. Registration Number	:	

Medical Qualification details -

Sr. No.	Exam Passed	Name of College / University	Year of passing	Duration of course
i.				
ii.				
iii.				
iv.				

8. Total Years of post-qualification Experience: _____ years. (After post-graduation)

9. Experience Details (starting from present/ last employment):						
Sr. No.	Name of the Employer	Post Held	From Date	To Date	Total	
					Year	Month
i.						
ii.						
iii.						
iv.						
10. Frequency of visit to KAPS Hospital		: Once in a week.				
11. Expected **Consultation Charges** per patient		: Rs. _____ per patient.				
12. Expected **Transportation Charges** per visit		: Rs. _____ per visit.				
13. Period of Contract		: 03 (Three) years.				

Note (For each OPD Visit): Payment equal to minimum 20 patient consultation charges or as agreed by the Visiting Consultant, whichever is less per visit may be fixed where the patients are less than or equal to 20. Payment as per the actual number of patients attended or as agreed by the Visiting Consultant may be made when more than 20 patients are attended. Wherever required, negotiations to be carried out with the approval of Competent Authority of NPCIL, Kakrapar Gujarat Site.

Date :

Signature :

Name :

PRE-QUALIFICATION CRITERIA FOR VISITING CONSULTANT
(OPHTHALMOLOGIST)

1.	**Educational Qualification –**	MS / DNB / DOMS (Ophthalmology)
2.	**Experience in relevant field –**	Minimum 05 years.
3.	**Document to be enclosed along with Application form –**	i. Photo I/D issued by any Govt. Authority. ii. Address proof (Driving license, Voters card, etc.) iii. Degree certificates (MBBS & Post-Graduation). iv. Registration Certificate for Additional Medical Qualification issued by State/Central Medical Council. v. Experience Certificate in relevant field issued by employer / institution. *In case of Private Practice,* ***self declaration*** *of experience in relevant field on should be enclosed* ***in attached format.***

Note:-

- Only eligible candidates who meet the above qualification criteria should apply for this post.
- Above post is purely on contractual basis and will be adhered to the terms & conditions of contract agreement to be signed between NPCIL Kakrapar Gujarat Site & Visiting Consultant.

SELF DECLARATION OF EXPERIENCE

(To be submitted by visiting consultant in case of private practice)

I, Dr_____, hereby declare that I am a Registered Medical Practitioner (RMP), practicing at my Private Hospital/ Clinic at the address mentioned below since last _____ years and _____ months.

I also hereby declare that I have gained sufficient clinical experience in my discipline/ specialty during the above-mentioned period.

Name & Address of Private Hospital/ Clinic	**:**	
Contact No.	**:**	

Date :

Signature :

Name : Dr.