Letter of Undertaking

Annexure-A

To
The CMO I/c (M&HS)
Burnpur Hospital
SAIL- IISCO Steel Plant

Dear Sir,
In response to the advertisement No:
Dated I, Dr, daughter / son of
resident ofdo hereby submit my application for engagement o
Consultant (Doctors in Medical Disciplines) as GDMO / Specialists/Superspecialist ()in IISCO Stee
Plant, Burnpur Hospital.

- 1. I do hereby undertake that (tick whichever applicable):
 - a. I am willing to take up the engagement at SAIL-ISP Burnpur hospital for which the selection is being made on the basis of walk-in interview.
 - b. I agree to accept payment of honorarium at the stipulated rates mentioned in the advertisement, which shall be made from the date of my engagement as Consultant (Doctors in Medical Disciplines) as GDMO/Specialist/Superspecialist.
 - c. I understand that my engagement as Consultant (Doctors in Medical Disciplines) as GDMO/Specialist/Superspecialist does not entitle me to claim for permanent employment in SAIL-ISP in any post, whatsoever.
 - d. I was not separated through Voluntary retirement (as ex-employee of SAIL / non-SAIL).
 - e. I am agreeable to serve Burnpur Hospital, Occupational Health Service (OHS) Center (inside Burnpur Works) and/or Kulti Hospital as per the requirements.
- 2. In respect of all matters for which no specific provision has been made herein, the decision of the SAIL-ISP authority in respect of the concerned matter will be final and binding.
- 3. Any violation of rules and discipline or any activity causing disruption to the hospital working or bringing disrepute to Burnpur hospital/organisation shall be punishable or shall result in termination of my engagement.
- 4. ISP reserves the sole authority to accept OR reject my candidature for Consultant (Doctors in Medical Disciplines) in SAIL-ISP-Burnpur Hospital and the decision of ISP in this regard is final and binding.
- 5. The tenure of engagement will automatically cease to terminate on the date of attaining 70 years of age if reached within the period of engagement.

I have read and understood the above terms & conditions governing engagement of Consultant (Doctors in Medical Disciplines) at SAIL-ISP Burnpur Hospital and agree to abide by them.

(Signature)	
(Name:	_)
Mobile No:	
Date :	
Place :	

Yours faithfully,

STEEL AUTHORITY OF INDIA LIMITED IISCO STEEL PLANT

APPLICATION FORMAT FOR ENGAGEMENT OF CONSULTANTS (DOCTORS IN MEDICAL DISCIPLINES) AT IISCO STEEL PLANT, (ISP), BURNPUR HOSPITAL

(WALK-IN-INTERVIEW)

AFFIX
PASSPORT SIZE
SELF ATTESTED
COLOUR
PHOTOGRAPH

1	POST APPLIED FOR										
2	Name of the Applicant (IN FULL/CAPITAL)										
3	Father's Name										
4	Aadhaar Card No.										
5	Category (GEN/SC/ST/OBC/EWS/PwBD/ESM)				Vation		&		'	1	
7	If DevDD waterway and daymage of Disability		Religion								
7	If PwBD, nature and degree of Disability										
8	Gender	9 Date of Birth				dd		mm		уу	ууу
	(Male / Female / Others)										
10	Marital Status										
11	Present / Correspondence Address										
		PIN									
		CODE									
12	Permanent Address (if different from Present										
	Address)										
	11441 555)										
13	Mobile No.										
14	e-mail ID				•			•		•	

15. Educational Qualification (As on XX/XX/2025):

Ovalification	Name of the	Year of	Major subjects / Specialization	Dogognition	Class/ Division	
Qualification	Institute/	passing	Specialization	Recognition		
	University			(MCI/NMC/SMC)		
Matric/SF/HS						
MBBS						
Post-Graduation						
Other						

16. Work Experience(if an Name of the Medical	y):	Position	No.	. of years	in	From	То		Noture of		
College/Hospital/Organisation		Held / Designation	experience				10		Nature of engagement (NOC in case attached to Govt. Hospital)*		
* To be supported by C	ertificate	from Hospit	al / l	Patholog	у Се	entre.	1				
17. Valid Registration Cert	ificate of	f MCI / NMC /	SMC	- YES /	NO						
Registration No: Sta			Name of the Issuing Authority				valid upto				
18. Whether presently en	nployed	engaged in a	ny P	SU/Auto	non	nous body/	Govt. I	Deptt.	(YES/NO).		
Name of PSU/ Autonomous body/Govt. Deptt.	Position Designa	n Held / From		om To			Reaso	ons for	ns for Leaving		
body/dovt. Deptt.	Designa	ition									
19. Whether ex-employed Name of Plant / Unit /	Positio	1 Held /	SAI	L P/NO.	0).	Date of		Mode	e of Separation		
Organisation	Designa	ation	(if a	pplicable)		Separation	1				
			DEC	I ADATIO	N.T						
I agree to the terms and cor	ditions o			LARATIO tisement		de No			dated		
and state that all the inform	•				•						
In case of any declaration a	•										
produce/ submit relevant d of the selection process or											
Government through Volume						-			=		
information/ documents be Medical disciplines) is liable	_			_	e, m	y engagem	ent of	Consi	ultant (Doctors i		
Place: Burnpur											
Date:							Full S		re of the Applicant le of the Applicant)		

Note: Please attach self-attested photo copies of all documents mentioned in the detailed advertisement