

**Indian Bank  
FGMO Lucknow at Indian Bank, FGMO Lucknow, Hazratganj Lucknow  
Advertisement No.:1**

**Engagement of Authorised Doctor on contract basis with monthly remuneration**

Applications are invited from eligible candidates for empanelment as **Authorised Doctor** (on contract basis) with fixed monthly Honorarium/remuneration for **Indian Bank, FGMO Lucknow at Indian Bank, FGMO Lucknow, Hazratganj Lucknow**. The applications from eligible candidates should reach the Chief Manager, **FGMO Lucknow at Indian Bank, FGMO Lucknow, Hazratganj Lucknow**, on or before **05:00 PM of 15.09.2025**.

**Eligibility, Terms & Conditions:**

1. The applicant should at a minimum, possess MBBS degree from any recognized university in the Allopathic system of medicine recognized by the Medical Council of India.
2. Candidates should have a minimum of 10 years' experience (post qualification experience) in any hospital or as Medical Practitioner.
3. The remuneration of the Bank's Medical Consultant (on contract basis) will be fixed.
4. The Medical Consultant shall have to give weekly minimum ten working hours at fixed timings, spread across working days at Bank's premises.
5. Empanelment/Contract of engagement will be for a period of three years with review of functioning on half-yearly basis. This term can be extended on such terms and conditions which are mutually agreeable to both the parties.
6. The Bank reserves the right to review the rate of remuneration from time to time and alter the duty/working hours, location of office at its discretion in case it becomes expedient to suit administrative and operative requirements.
7. Interested and eligible candidates may please make an application in the prescribed format as at **Annex-III along with checklist as at Annex-IV**. The application should be sent in a sealed cover super scribed as: "**Application for the post of Authorised Doctor on contract basis**"

**Selection Procedure:**

1. The Bank will conduct an interview for the shortlisted candidates. Selection will be made through interview of shortlisted candidates. The Bank reserves the right to raise the minimum eligibility standards etc., in order to limit the number of candidates to be called for interview. The decision of the Bank in this regard will be final. Mere fulfilling the eligibility criteria does not entitle a candidate to be called for interview.
2. Apart from those who may be called for interview, the Bank will not entertain any correspondence with the applicants who are not being called for the interview.
3. Candidates selected for the post will be appointed subject to their being found medically fit and acceptance of Terms and Conditions of Contract as per Annex - I and Code of Conduct as per Annex -II.
4. The selected applicant has to sign an agreement for contract with the Bank before engagement as Authorised Doctor (on contract basis) with fixed monthly Honorarium/remuneration.

**Dated :30.08.2025**

**Field General Manager**  


**Engagement of the services of Authorised Doctor (on contract basis)**  
**- Terms and Conditions of Contract**

1. The MEDICAL CONSULTANT agrees to offer his/her services at the **Indian Bank Offices, FGMO Lucknow** for 2 (Two) hours a day at fixed timings, spread across working days at Bank's office. In case, there is a change in location of Bank's Office, the Medical Consultant shall continue offering his/her services on changed location. The Medical Consultant undertakes to obtain prior permission from the Bank in case he/she is not able to be present during any of the above mentioned days and to be present on the next working day.
2. The MEDICAL CONSULTANT agrees to provide emergency services at any time including evening, night and weekend as shall be reasonably assigned, whether within the schedule or otherwise, as the situation demands
3. The MEDICAL CONSULTANT agrees to be present on the days on which the BANK's Board / Management Committee meetings are held at Indian Bank, **FGMO Lucknow at Indian Bank, FGMO Lucknow, Hazratganj Lucknow.** (even if those are days apart from the days fixed for service herein above) and will attend as and when required.
4. The MEDICAL CONSULTANT agrees to render the services of Authorized Medical Officer to the BANK's executives and their families. He/she agrees to undertake house visits to executives for attending to their family members whenever necessary. No visit fee/ consultation fee should be levied for such visits.
5. The MEDICAL CONSULTANT agrees to render medical / technical advice on the medical certificates submitted by the employees of the BANK for their leave / transfer requests etc.
6. The MEDICAL CONSULTANT agrees to perform duties similar to those of a General Medical Practitioner irrespective of whatever post-graduate or other medical qualifications he/she may possess / acquire in future. It shall be the MEDICAL CONSULTANT's responsibility to ensure that the qualifications he/she holds or acquires in future do not restrict him/her in any manner from rendering the services required of a General Medical Practitioner and if as per any stipulations by the Indian Medical Association, the qualification he/she holds or acquires as the case may be comes into conflict with the Bank's requirements as indicated above, to work as a general practitioner, he/she will be required to ensure that no liability or responsibility on this account devolves on the Bank under any circumstances and he/she shall indemnify and keep indemnified the Bank at all times against the same.
7. The MEDICAL CONSULTANT agrees that he/she shall provide necessary help for securing hospital facilities in case the employees of the Bank including Officers, Clerical Staff and Sub-staff of the Bank or their families (for indoor hospitalization under Direct Settlement facility) require such facilities in a hospital.
8. The MEDICAL CONSULTANT hereby represents and warrants that his/her registration(s) with the Medical Council of India and any other authorized body are in order and valid and shall continue to be in order and valid during the term of this Agreement.
9. The MEDICAL CONSULTANT hereby agrees to participate and attend programs under Corporate Social Responsibility, Medical camps or any other program conducted by the BANK from time to time.
10. The Medical Consultant hereby agrees to undertake any other work assigned by the bank, under the scope of engagement.
11. The MEDICAL CONSULTANT undertakes to abide by the *Code of Conduct* enclosed with this contract while being engaged by the BANK.
12. The BANK shall pay to the Medical Consultant a consolidated honorarium of ₹50000/- every month on declaration basis subject to deduction of applicable taxes at Source (TDS).



13. If the Medical Consultant shall any time be absent from his/her engagement, the BANK shall without prejudice to any other right, be entitled to deduct from his/her honorarium a proportionate sum for each day of his/her absence from duty. No conveyance amount will be paid for such absence.
14. BANK shall not make any contributions including membership fee whatsoever on behalf of the Medical Consultant to any medical associations/clubs, etc.
15. It is agreed by the Medical Consultant that the engagement under this Agreement is temporary. The Medical Consultant shall not claim for regular employment at any stage or for pay and perks equivalent to BANK employees. There will be no relation of Master and Servant between the parties under this Agreement.
16. BANK may provide necessary work space, basic amenities as well as first aid kit and essential medicines that may be necessary, immediately after examination of sick / needy employees.
17. The BANK reserves the right to withdraw / cancel or modify the contract at any time without assigning any reasons, after issue of one month's notice to Medical Consultant.
18. This contract for engagement can be terminated by either side by giving one month's notice.
19. Disputes pertaining to the terms and conditions of this contract, if any, shall be subject to the jurisdiction of courts in <Chennai> alone.
20. The Medical Consultant hereby agrees that he/she shall be responsible for his/her own medical negligence and the Bank shall bear no responsibility whatsoever in this regard and Medical Consultant shall indemnify and keep indemnified the Bank including all employees, against any and all claims raised by third person out of any negligent act of the Medical Consultant.

\*\*\*\*\*



**Code of Conduct for Medical Consultant whose services are engaged on contract on hourly basis with fixed remuneration**

1. A Medical Consultant shall observe, comply with and obey all orders and directions which may from time to time be given to him/her by any person or persons under whose jurisdiction, superintendence or control he/she may, for the time being be placed.
2. A Medical Consultant shall maintain the strictest secrecy regarding the Bank's affairs and the affairs of its constituents and shall not divulge, directly or indirectly, any information of a confidential nature either to a member of the public or of the Bank's Staff, unless compelled to do so by judicial or other authority, or unless instructed to do so by a superior officer in the discharge of his/her duties.
3. A Medical Consultant shall serve the Bank honestly and faithfully and shall use his/her utmost endeavour to promote the interests of the Bank, and shall show courtesy and attention in all his/her acts and transactions.
4. No Medical Consultant shall take an active part in politics or in any political demonstration, or stand for election as member for a Municipal Council, District Board or any Legislative Body.
5. No Medical Consultant shall become or continue to be a member or office-bearer of, or be otherwise directly or indirectly associated with, any trade union or a federation of such trade union or resort to, or in any way albeit, any form of strike or participate in any violent, unseemly or indecent demonstration in connection with any matter pertaining to his/her terms and conditions of contract.
6. No Medical Consultant shall contribute to the press anything relating to the affairs of the Bank without the prior sanction in writing from the Bank or publish any document, paper, or information which may come into his/her possession in his/her capacity as Medical Consultant in the Bank.
7. A Medical Consultant shall not solicit or accept any gift from any employee.
8. A Medical Consultant shall not be absent from his/her duties without the permission from the Bank. In case of any absence, she/he should make alternate arrangement acceptable to the Bank during his/her period of absence. Such alternate arrangement shall not exceed five days at a time.
9. A Medical Consultant shall not outsource his/her service to the Bank.
10. A Medical Consultant will -
  - a) strictly abide by any law relating to intoxicating drinks or drugs in force in any area in which he/she may, for the time being, happen to be;
  - b) not be under the influence of any intoxicating drink or drug while on duty and shall also take care that performance of his/her duties at any time is not affected in any way by the influence of such drink or drug;
  - c) refrain from consuming, in a public place, any intoxicating drink or drug;
  - d) not appear in a public place in a state of intoxication;
  - e) not use any intoxicating drink or drug to excess.

**Explanation :** The term "public place" would include clubs even exclusively meant for members where it is permissible for the members to invite non-members as guests, bars and restaurants, public conveyances and all other places to which the public have or are permitted to have access, whether on payment or otherwise".
11. No Medical Consultant shall indulge in any act of sexual harassment of any employee at work place.
 

**Explanation:** For this purpose, "Sexual Harassment" shall include such unwelcome sexually determined behaviour, whether directly or by implication as:

  - a) Physical contact and advances,
  - b) demand or request for sexual favours,
  - c) sexually coloured remarks,
  - d) showing pornography,
  - e) any other unwelcome physical, verbal or non-verbal conduct of a sexual nature.
12. The contract is liable to be terminated if a Medical Consultant is arrested for debt or on a criminal charge or is detained in pursuance of any process of law.



13. The provision above shall apply with equal force to the referring, recommending or procuring by him/her or any person, specimen or material for diagnostic purposes or other study/ work.
14. The contract is liable to be terminated in case a Medical Consultant commits a breach of the code of Conduct mentioned above or the terms and conditions of the contract accepted by him/her, displays negligence, inefficiency or indolence, or knowingly does anything detrimental to the interests of the Bank or in conflict with its instructions or is guilty of any other act of misconduct.

\*\*\*\*\*



## APPLICATION FORM

### Application for Engagement of Authorized Doctor on contract basis

1. Name in full: Shri/Smt./Ms. ....

(To be given in block letter, Surname to be stated first)

Applicant's Passport size coloured Photograph

2. Father / Husband's Name: .....

3. (a) Detailed Address:

Applicant's Signature

| Residence | Hospital/Clinic where presently practicing |
|-----------|--------------------------------------------|
|           |                                            |

(b) Contact Details:

i) Mobile No. :

ii) Landline No.:

iii) Email id :

(c) Approximate distance from the Bank's building located at:

| Premises                 | FGMO/Zonal Office: <Zonal Office Address> |          |
|--------------------------|-------------------------------------------|----------|
| From                     | Residence                                 | Hospital |
| Distance (in KM Approx.) |                                           |          |

4. a.) Date of Birth:

| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |

b.) Age:

(Age as on .....)

5. Place of Birth and Domicile:

6. Nationality:

7. Whether belongs to SC/ST/OBC/EWS/Unreserved (General):

8. Educational Qualifications: (Indicate degree / diploma obtained, In the order of highest to least)

| Degree / Diploma | University / Board | Month & Year of passing | Class /Rank secured |
|------------------|--------------------|-------------------------|---------------------|
|                  |                    |                         |                     |
|                  |                    |                         |                     |

9. Details of any other professional course completed in Medical field:

10. Details of experience - (Experience after graduation only should be stated)

| 10. Details of experience - (Experience after graduation only should be stated) |               |      |    |        |         |
|---------------------------------------------------------------------------------|---------------|------|----|--------|---------|
| SL. NO.                                                                         | Hospital Name | From | To | Period |         |
|                                                                                 |               |      |    | Year/s | Month/s |
| In Hospital (as a Physician)                                                    |               |      |    |        |         |
| 1                                                                               |               |      |    |        |         |
| 2                                                                               |               |      |    |        |         |
| 3                                                                               |               |      |    |        |         |
| As General Practitioner                                                         |               |      |    |        |         |
| 1                                                                               |               |      |    |        |         |
| 2                                                                               |               |      |    |        |         |
| 3                                                                               |               |      |    |        |         |

11. Any other factor which applicant would like to bring into account in support of his/her application:

---



---

I hereby declare that the information and particulars given by me in this form are true and correct. I also note that if any of the above statements are incorrect or false or if any material information or particulars has been suppressed or omitted there from, my medical consultancy services are liable to be terminated without notice or compensation in lieu of notice. I agree to the terms & conditions mentioned under Annexure – I and code of conduct as per Annexure – II.

Date:

Place:

(Name & Signature of the applicant)

**Instructions:**

1. All the details in this form must be filled by the applicant.
2. Applications which do not contain the full details/particulars are liable to be rejected.
3. Attested copies of certificates regarding ID & Address proof, age, educational qualifications, experience etc. should accompany the application.
4. Duly signed copy of Annexure – I & Annexure – II is required to be submitted along with application
5. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should also be indicated.

### CHECKLIST/DECLARATION

|     |                                                                                                                                    |                                                              |
|-----|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1.  | Name                                                                                                                               |                                                              |
| 2.  | Residential address                                                                                                                |                                                              |
| 3.  | Qualification*                                                                                                                     |                                                              |
| 4.  | Date of Birth and Age as on date of submission of application                                                                      |                                                              |
| 5.  | Honorarium expected                                                                                                                |                                                              |
| 6.  | Venue                                                                                                                              | Indian Bank Office & clinic/<br>Hospital wherever practising |
| 7.  | No. of hours in a day agreed to attend staff members (Minimum 2 hours )                                                            |                                                              |
| 8.  | No. of days in a week agreed to attend staff members (Minimum 3 days)                                                              | 3 / 4/ 5 / all working days                                  |
| 9.  | Whether Doctor will permit staff members/family members to avail his consultation in own clinic during working hours of the clinic | YES / NO                                                     |
| 10. | Whether Doctor will assist the Indian Bank Office in processing medical bills whenever opinion is sought.                          | YES / NO                                                     |
| 11. | Whether Doctor is agreeable for initial contract of three years and renewable yearly thereafter on mutually agreed terms.          | YES / NO                                                     |
| 12. | Whether Doctor is agreeable for maintaining of log of patients attended.                                                           | YES / NO                                                     |

\*Please enclose relevant papers/Degree/Registration

**Date:**

**Signature of applicant**