Annexure I

Application form for retied Medical Specialists of CIL/ Subsidiaries for the post of Medical Specialist Consultants

Registration No:_____

Post applied for:					*Recent Passport size self-attested Photograph*	
Name:						
Gender:						
Father's / Spouse's Name:						
Nationality:						
Category: << SC/ ST/ OBC(NCL) >>			Religion:			
Date of Birth			Grade at the time of retirement			
Appraisal Ratings of last 5 years						
Details of Punishment, if any, in the last 5 years of service						
Address for Communication						
House No./ Flat No:						
Street:						
Post Office:			Pincode:			
District:			State:			
Mobile No.:			e-Mail ID:			

Qualification Details (MBBS/ BDS & above)

Sl.No.	Examination Passed	Specialization (if applicable)	Year of Passing	Name of the Institute	Board/ University	% of Marks

Experience Details of last 10 years of working in CIL/ Subsidiaries						
Sl. No	Name of Organization	Post held		Employee No.	From Date	To Date

Enclosures: The following documents are to be enclosed along with the application form in 2 copies:

1. Passport size photograph
2. Copy of proof of Date of Birth
3. Copy of Category certificate, if applicable
4. Copy of Qualification certificates
5. Copy of Superannuation notice

Note:

1. The candidates would be required to present themselves along with the above mentioned documents (Sl. No. 2 to 4) in original at the time of the selection.
2. Any candidate whose application is incomplete or any discrepancy found w.r.t the eligibility criteria, then such candidate will not be considered for walk-in-interview/ selection.

Declaration

I do hereby declare that the above information as furnished by me is true to the best of my knowledge. I also give undertaking that at any point of time, if any of the above information is found false, it will automatically lead to cancellation of my contract and will also make me liable for prosecution under law.

I also certify that I am not facing any charge nor have been convicted in any corruption/ illegal gratification/ criminal case.

Station:
Date:

Signature of the Applicant

Annexure II

Application form for outside candidates including retired Medical Specialists of other PSUs/ Government Organizations for the post of Medical Consultants

Registration No:_____

Post applied for:				*Recent Passport size self-attested Photograph*	
Name:					
Gender:					
Father's / Spouse's Name:					
Nationality:					
Date of Birth:					
Category: << SC/ ST/ OBC(NCL)/ EWS >>			Religion:		
Whether Ex-PSU employee?	<Yes/No>		If Yes, Name of the PSU		
Appraisal Ratings of last 5 years, if applicable					
Details of Punishment, if any, in the last 5 years of service, if applicable					
Address for Communication					
House No./ Flat No:					
Street:					
Post Office:			Pincode:		
District:			State:		
Mobile No.:			e-Mail ID:		

Qualification Details (MBBS/ BDS & above)						
Sl.No.	Examination Passed	Specialization (if applicable)	Year of Passing	Name of the Institute	Board/ University	% of Marks
Experience Details since beginning of the career						
Sl. No	Name of Organization	Type of Organization	Post held	Employee No.	From Date	To Date

Enclosures: The following documents are to be enclosed along with the application form in 2 copies:

1. Passport size photograph
2. Copy of proof of Date of Birth
3. Copy of Category certificate, if applicable
4. Copy of Qualification certificates
5. Copy of Experience certificates

Note:

1. The candidates would be required to present themselves along with the above mentioned documents (Sl. No. 2 to 5) in original at the time of the selection.
2. Any candidate whose application is incomplete or any discrepancy found w.r.t the eligibility criteria, then such candidate will not be considered for walk-in-interview/ selection.

Declaration

I do hereby declare that the above information as furnished by me is true to the best of my knowledge. I also give undertaking that at any point of time, if any of the above information is found false, it will automatically lead to cancellation of my contract and will also make me liable for prosecution under law.

I also certify that I am not facing any charge nor have been convicted in any corruption/ illegal gratification/ criminal case.

Station:
Date:

Signature of the Applicant

Annexure III

कोल इण्डिया लिमिटेड
(भारत सरकार का उपक्रम)
COAL INDIA LIMITED
(A Govt. of India Enterprise)
कोल भवन "COAL BHAWAN"
PREMISE NO: 04, MAR, PLOT NO: AF-III
ACTION AREA-1A, NEW TOWN, RAJHARHAT
KOLKATA-700156 (WB)

एक महारत्नकंपनी
A Maharatna Company

PERSONNEL DIVISION
RECRUITMENT DEPT
CIN:L23109WB1973GOI028844
E-MAIL: gmrectt.cil@coalindia.in
TEL: 033-7110 4282
FAX: 033-2324 4140
WEBSITE: www.coalindia.in

(An ISO 9001:2015, ISO 14001:2015 & ISO 50001:2011 Certified Company)

Ref: ____/_____/ Medical Consultant/ Dated:_____

Category: _____

<<Ex-CIL/ Non-CIL>>

Dr. _____

_____ .

Subject: Offer of Engagement as <<Designation>>

Dear Sir/ Ma'am,

Considering your past service rendered in <<CIL/Subsidiary>> / Considering your performance in the selection process, the Competent Authority is pleased to engage you as <<Designation>> for a period of _____ year(s) from the date of your joining for the following job:

Providing medical services to the patients taking treatment in _____ Hospital/ Dispensary _____ of _____.

The terms and conditions for your engagement will be as under:

a. You will be paid _____ only as lump sum honorarium per month.

b. You will be governed as per the provisions and terms & conditions of the CIL's Policy for Engagement of Medical Consultants and amendments issued thereunder from time to time.

Please confirm acceptance of aforesaid engagement.

If you don't join within 15 days from the issue of this offer of engagement, the offer will stand withdrawn automatically.

Yours faithfully,

General Manager/ HoD (Pers/ Rect),
Subsidiary.

Copy to:
1. General Manager/ HoD(P/Rect), CIL

Annexure IV

Performance Appraisal Report of Medical Consultant

Financial Year _____

Name	
Adv. No.	
Designation	
Date of Joining	
Period of Contract	From: _____ To: _____
Assessment of Reporting Authority regarding performance during the FY _____	☐ Consistently exceeds Company's expectations ☐ Consistently meets Company's expectations ☐ Meets Company's expectations most of the times ☐ Partially meets Company's expectations ☐ Consistently does not meet Company's expectations {tick relevant box}
Whether can be recommended for extension, if eligible.	Y/N Reasons _____ _____
Date:	**Signature of the Reporting Authority**

Reviewing Authority
☐ I agree with the above. ☐ I do not agree with the above with reasons _____ _____ {tick relevant box}
Date: **Signature of the Reviewing Authority**

Duly appraised report to be sent to General Manager/ HoD (P/Rect) of the concerned Company.