



**SPORTS AUTHORITY OF INDIA**

**National Center for Sports Science and Research**

**IGSC, New Delhi – 110002**

**Expression of Interest (EOI) for Empanelment of Medical Consultants on visiting basis in SAI**

National Center for Sports Science & Research, Sports Authority of India (SAI) invites Expressions of Interest (EOI) on prescribed formats for empanelment of Medical Consultants on visit basis initially for a period of 1 year and will be extended to 02 or more years depending on satisfactory performance. Interested individuals may submit their proposals as per Application form attached.

**ABOUT SAI & NCSSR.**

Sports Authority of India (SAI) is an autonomous organization under the administrative control of the Ministry of Youth Affairs and Sports with its Head Quarters at Jawaharlal Nehru Sports Complex, Lodhi Road, New Delhi-110003.

SAI has established 23 National Centers of Excellence across the country for training of young and elite athletes in various disciplines. These NCOEs are funded for several items *inter-alia* Sports Science staff through Khelo India Scheme of Ministry of Youth Affairs & Sports.

National Center for Sports Science & Research, Sports Authority of India, will be the lead Institution for supporting high performance athletes for achieving excellence in sports. The aim would be to achieve sporting excellence by providing highly integrated, quality-assured services (testing), the development of leading experts (through research) which will subsequently drive innovation and share knowledge (research & cooperation) to positively impact sporting performance.

**1. ESSENTIAL QUALIFICATIONS & EXPERIENCE& HONORARIUM:**

| S.NO | SPECIALITY              | REQUIREMENT | QUALIFICATION   | HONORARIUM   |
|------|-------------------------|-------------|---|--|
| 1    | Medicine                | 01          | MD or DNB in Medicine with 10 yrs. of experience              | 1. 01 visits per week (03hrs)<br>2. Honorarium Rs. 2,500 per visit & Rs. 500 travel allowance per visit. |
| 2    | Obstetrics & Gynecology | 01          | MD or DNB in Obstetrics &Gynecologywith 10 yrs. of experience |  |
| 3    | Dermatology             | 01          | MD or DNB in Dermatology with 10 yrs. of experience           |  |
| 4    | Ophthalmology           | 01          | MD or DNB Ophthalmology with 10 yrs. of experience            |  |
| 5    | ENT                     | 01          | MD or DNB inENT with 10 yrs. of experience                    |  |
| 6    | Orthopedics             | 01          | MS or DNB Orthopedics with 10 yrs. of experience              |  |
| 7    | Cardiology              | 01          | DM Cardiology with 10 yrs. of experience                      |  |
| 8    | Neurosurgery            | 01          | MS Neurosurgery with 10 yrs. of experience                    |  |
| 9    | Dentistry               | 01          | MDS Dentist with 10 yrs. of experience                        |  |

The candidates should be registered with Delhi/State Council/Medical Council of India

**2. ROLES & RESPONSIBILITIES-**

- Consultation services
- OPD services
- Referral services

**3. SUBMISSION OF EOI**

The interested candidates may give their expression of Interest in prescribed format by email address – [eoimedicallOfficers@gmail.com](mailto:eoimedicallOfficers@gmail.com)

**The last date for submission of the proposal is by 5th Jan 2023 at 5:00PM**

**4. SELECTION PROCESS**

- a. All candidates who fulfill the eligibility criteria will be called for a walk-in interview.
- b. Information regarding date & venue will be forwarded via email mentioned in the application form.

## APPLICATION FORM

Passport Size  
Photograph

1. Name (in block letters): .....
2. Gender : .....
3. Date of Birth : .....
4. Father's/Husband : .....
5. Nationality : .....
6. Proof of Identity .....

7. Address (Permanent) : .....
- .....
- .....
- Pin Code: .....
- Contact No. &.....
- E-mail: .....

8. Address for correspondence .....
- .....
- .....
- ..... Pin Code: .....

9. All Qualification after 12<sup>th</sup>Class(s)

| Year of Passing | Examination Passed | Name of College | University | Percentage of Marks/Division |
|-----------------|--------------------|-----------------|------------|------------------------------|
|                 |                    |                 |            |                              |
|                 |                    |                 |            |                              |
|                 |                    |                 |            |                              |
|                 |                    |                 |            |                              |
|                 |                    |                 |            |                              |

Any other add. Qualification

10. Registration Number with Delhi/State Council/MCI and its validity (as applicable)

11. Details of Experience:

| <b>Title of the Position Held</b> | <b>Name of the Hospital/Institute</b> | <b>Date of Joining</b> | <b>Date of Leaving</b> | <b>No. of Years</b> | <b>Nature of duties performed with reference to the requirement</b> |
|-----------------------------------|---------------------------------------|------------------------|------------------------|---------------------|---|
|                                   |                                       |                        |                        |                     |   |
|                                   |                                       |                        |                        |                     |   |
|                                   |                                       |                        |                        |                     |   |
|                                   |                                       |                        |                        |                     |   |

Any other :-.....

Note : for all qualifications and experience, please submit self-attested photocopies/scanned copies.

12. Please attach your detailed CV.

Name :.....

Signature:.....

Date: .....

--CONCLUDED--