

Government of India
Bhabha Atomic Research Centre
Medical Division-CHSS

BARC Hospital,
Anushaktinagar,
Mumbai-400094.

No. MD/CHSS/Anes/2017/OPA-

January , 2017

BARC Hospital would like to empanel 2 Cardiothoracic Anesthetist as Panel Consultants. The following are the requirements:-

1. MD (Anesthesia) with minimum 5 years experience in Cardiothoracic anesthesia.
2. Willingness to come to BARC Hospital as and when called for, to administer anesthesia in selected Cardiothoracic cases.
3. Willingness to accept the prescribed rate approved by BARC. The details of rates are given below. The rates are likely to be revised periodically.

No.	Particulars	Rs.
I.	<u>Procedure charges :</u>	₹
(i)	Supra Major	6000/-
(ii)	Grade-I	5000/-
(iii)	Grade-II	3000/-
(iv)	Grade-III	2500/-
(v)	Grade-IV	1250/-
(vi)	Grade-V	600/-

...2/-

4. The Competent Authority has also approved inclusion of "Supra Major Grade Surgery" at the rate of Rs.6000/- per surgery.
5. BARC Hospital will issue necessary referral letter in favour of the patients and the patients are to be treated on credit basis. On giving treatment, the doctor has to submit his/her bill, original counterfoil of the referral letter duly signed and stamped, advanced receipt for settlement of the claim. All efforts will be made to settle the claim within 45 working days.
6. The selected doctor has to fill up the Electronic Clearance Form and furnish all the required details for crediting the bill amount to his/her account directly.
7. The selection of doctors will be made by the Committee on the basis of the CV/Bio-data submitted.

It is, therefore, requested to kindly give wide publicity of the above Circular in your Hospital/ Medical College. Applications, in the prescribed format, may be forwarded to Administrative Officer-III, Medical Division, BARC Hospital, Anushaktinagar, Mumbai 400 094 **on or before 10th April, 2017.**

Encl: Format of application.

CURRICULUM VITAE / BIO-DATA

Photograph

1. NAME IN FULL :

2. DATE OF BIRTH :

3. RESIDENTIAL ADDRESS :

4. CLINIC ADDRESS :

5. QUALIFICATIONS WITH DATE
OF ACQUIRING THE SAME :

6. EXPERIENCE :

(a) TEACHING EXPERIENCE :

(b) CLINICAL EXPERIENCE :

7. PAPER PRESENTATIONS
(IF ANY) :

8. PUBLICATIONS ETC. :

9. ANY OTHER INFORMATION :

(Signature)

Encl: Attested copies of Educational Qualification,
Experience and Valid Registration Certification.