



**BARC HOSPITAL**  
Anushaktinagar, Mumbai - 400094  
Contact No. 022-25598258/57

### **Appointment of Part-time Dental Surgeons in B.A.R.C. Hospital**

BARC Hospital would like to appoint one Part-time Dental Surgeon as per the details given below:

Qualification and Experience : B.D.S. from recognized University with **three** year's institutional experience after obtaining requisite qualification. Mandatory internship will not be counted as experience. Basic computer knowledge is essential as Dental Surgeons will have to enter patient's medical data in the computer.

No.of vacancies : One

Age : Less than 40 years.

No. of Visits : 3 Days in a week for 2 sessions of 5 hours duration per day. (i.e. 1000 hrs to 1300 hrs and 1400hrs to 1600 hrs; however Hours of duration and week-days may decided from time to time in consultation with competent authority)

Honararium : Rs.618/- per hour

Incidental Expenses : Incidental expenses of Rs.350/- per visit subject to maximum of Rs.2,800/- per month.

They will also be covered by CHSS facility for Self.

Period of Appointment: Initially upto 31.12.2017 which is likely to be extended based on the performance and necessity.

The Selection will be made by an appropriate Selection Committee.

Applications in the prescribed format may be forwarded alongwith attested copies of year-wise educational qualifications, Marksheets, Passings, Degrees, internship, experience, valid registration etc. to Administrative Officer-III, Medical Division, BARC Hospital, Anushaktinagar, Mumbai – 400094 on or before 1<sup>st</sup> May, 2017.

# PROFORMA OF APPLICATION

Last Date of Application – 1<sup>st</sup> May, 2017.

PHOTO

APPLICATION FOR THE POST OF : \_\_\_\_\_

1. Name in full beginning with Surname (in block letters) : \_\_\_\_\_
2. Nationality : \_\_\_\_\_
3. Date of Birth (In Christian era) : \_\_\_\_\_
4. Address in block letters for correspondence with PIN code : \_\_\_\_\_  
: \_\_\_\_\_
- Telephone/Mobile No. : \_\_\_\_\_
- Email ID : \_\_\_\_\_

5. Educational and Professional Qualification:-

Sr.No.	Examination Passed	University/Board/Institution	Year of Passing	Subjects	Class & Percentage of marks
1.					
2.					
3.					
4.					
5.					

6. Experience

Name & Address of employer/Institution	Post held with Pay	Whether Central/State Govt./P.S.U.	Period of Service		Permanent or Temporary	Reason for leaving
			From	To		

7. Area of Specialisation: \_\_\_\_\_

8 Any other information you may wish to add: \_\_\_\_\_  
\_\_\_\_\_

**Encl:** Attested copies of all Educational Qualifications, Experience & Valid Registration

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_