



### ADVERTISEMENT NOTICE

Applications are invited for engagement of **Registered Medical Practitioners** at Dr. Rajendra Prasad Central Agricultural University, Pusa, Samastipur, Bihar as per details mentioned below. The suitable and interested candidates may submit duly filled application in the prescribed format **latest by 30<sup>th</sup> September, 2020, on or before 05:00 p.m. through E-mail at [dy.registrar@rpcau.ac.in](mailto:dy.registrar@rpcau.ac.in)**. Applications received after due date shall not be considered

Sl. No.	Consultant type	Name of Post (Mode of Engagement)	Area of Specialization	Consultation Schedule	Remuneration	Qualification Required
01	Specialist	Doctor (Consultation Basis)	Gynaecologist	Thrice in a week	Will be paid on the basis of 50:50 ratio of the OPD fees/patient (as mentioned in table given below) in addition to Rs. 25,000/- as sitting fee	Master's Degree in relevant field/ Bachelor Degree for Dentist
02			General Surgeon	Thrice in a week		
03			Otolaryngologists (ENT)	Twice in a week		
04			Orthopedist	Twice in a week		
05			Ophthalmologist	Twice in a week		
06			Pediatrician	Thrice in a week		
07			Dentist	Thrice in a week		
01	Super Specialist	Doctor (Consultation Basis)	Nephrologists	Once in a month	Will be paid on the basis of 70:30 ratio of the OPD fees (as mentioned in table given below) with no sitting fee	DM/MCH in relevant field.
02			Cardiologist	Once in a week		
03			Neurologist	Once in a month		
04			Diabetologist.	Once in a month		

Table: Facilities and Chargeable fees

For OPD

Super Specialist	Rs 700 for others and Rs 500 for University employee and their dependent & students, to be paid by themselves
Specialist	Rs 300 for others and Rs 150 for University employee and their dependent & students, to be paid by themselves

**Note:** Paid fees will remain valid for one month. \*The ratio of fee structure of the visiting Super Specialist Doctors with University will be Rs 70:30 ratios (Without any consolidated sitting charge). Specialist Doctors receiving consolidated sitting fee from the University will be under 50:50 ratio scheme. The doctors, not receiving any monetary benefit from the University will be governed by 70:30 ratio scheme i.e. they will receive 70 % of the collected fee as their consultation charges

Doctor(s) will be engaged on consultation basis as per above mentioned remunerations and would not carry any liability on Dr. Rajendra Prasad Central Agricultural University, Pusa, Samastipur for regular appointment at any stage.

## IMPORTANT INSTRUCTIONS

43

1. Candidates are required to fill in the enclosed Application Form and also affix their duly self attested recent passport size colour photograph in the space provided.
2. Self-attested documents in support of educational qualification, experience and MCI registration are required to submit along with Application Form. University reserves the right to conduct selection process on merit basis.
3. Original documents need to be produced whenever asked for which will be returned after verification.
4. Frequency of visit of the Doctor(s) will be as above.

## OTHER TERMS & CONDITIONS

1. Engagement is purely temporary basis. Selected candidates will have to sign a contract agreement as per terms & conditions of Dr. Rajendra Prasad Central Agricultural University
2. Doctor(s) so engaged on consultation basis will not have right to claim regular appointment in Dr. Rajendra Prasad Central Agricultural University, Pusa, Samastipur, whatsoever at any stage
3. No TA/DA will be paid for attending the interview.
4. The prescribed proforma of applications form can be downloaded from the University website i.e. [www.rpcau.ac.in](http://www.rpcau.ac.in) and send the duly filled application form along with documents in support of qualification, experience and MCI registration by email to [dy.registrar@rpcau.ac.in](mailto:dy.registrar@rpcau.ac.in)





Dr. Rajendra Prasad Central Agricultural University  
Pusa, Samastipur, Bihar-848 125

42

APPLICATION FORM FOR DOCTOR (Consultation Basis)

Affix attested  
Passport size  
colour  
photograph

1. MCI Registration No. :
2. Area of Specialization :
3. Name :
4. Father's Name :
5. Gender :
6. Date of Birth :
7. Postal Address :
8. Contact No. :
9. Category :  
(SC/ST/OBC/General)
10. Email Id & Mobile No :  
Adhaar No. :
11. Qualification :

Sl. No.	Exam/Degree Passed (High Secondary Onwards)	Name of Board/University/Institute	Passing Year	% of Marks	Remarks (If any)

12. Experience

Sl. No.	Name of Organization	Post Held	Period		Nature of Duties
			From	To	

- ✓ I do hereby solemnly declare and state that the above information is correct to the best of my knowledge and belief. In case of information provided by me found incorrect or false, my candidature may be cancelled at any time without informing me.
- ✓ I also certify that I am physically fit to perform duty of a Doctor

Date:

Place:

(Signature of the Candidate)

**Note: Self Attested documents in support of qualification, Experience and MCI registration are mandatory to be submitted along with this application form.**