

**SHRI LAL BHADUR SHASTRI NATIONAL SANSKRIT UNIVERSITY  
(CENTRAL UNIVERSITY)  
B-4, QUTAB INSTITUTIONAL AREA  
NEW DELHI-110016**



No.F.1(23)LBNSU/Estt.NT/2021 /366

Dated :19.08.2021

**NOTIFICATION**

In accordance with the approval of the Competent Authority, the applications are invited from the eligible persons for engagement as Medical Officer (Part-Time) in Shri Lal Bahadur Shastri National Sanskrit University, New Delhi on contract basis for a period of one year extendable on similar terms as per the eligibility criteria and other terms and conditions mentioned below:

1. **Consolidated Fee:** Fixed consolidated fees @Rs.55,000/-per month only.
2. The Educational Qualification and maximum age limit for engagement of consultants may be prescribed as under:

**Educational-Qualifications:** Retired Medical Officer from the Government/Private Hospital/Dispensary/Health Care Unit having MBBS Degree with at least 50% Marks Recognized By MCI in Internal Medicine.

**Tenure:** Initially for a period of one year extendable on yearly basis subject to satisfactory performance at the discretion of the competent authority of the University. Age limit below 70 years.

3. The Medical Officer will be required to perform his/her duties from Monday to Saturday (from 2:00 P.M to 5:30 PM) in the Health Care Unit of the University.
4. In emergent situation, the Medical Officer will provide consultation to the employees of the University by online/telephonic modes.
5. The Medical Officer(Part-Time) will be paid the fixed mobile charges @Rs.500/-per month.
6. No House Rent or any other allowance shall be admissible.
7. **Leave of absence:-** Paid leave of absence will be allowed at the rate of 1.5 days for each completed month of service with prior information/approval of the Competent Authority. Accumulation of leave beyond a calendar year may not be allowed.
8. The Medical Officer(Part-Time) shall not be entitled to any other benefits which are admissible to the regular employees of the University.
9. The Medical Officer(Part-Time) will perform his/her duties in the Health Care Unit and any other duties assigned by the Competent Authority as per the requirements of the University.

The last date of receipt of application is 02.09.2021. The application in the enclosed Proforma along with Bio-Data and its enclosures may be sent to the "Registrar, Shri Lal Bahadur Shastri National Sanskrit University, B-4, Qutab Institutional Area, New Delhi- 110016. Applications received after the last date shall not be accepted.

  
ASSISTANT REGISTRAR(ADMN)-II

श्री लाल बहादुर शास्त्री राष्ट्रीय संस्कृत विश्वविद्यालय  
Shri Lal Bahadur Shastri National Sanskrit University

(Central University U/S3 of the UGC Act 2020)  
B-4 Qutub Institutional Area, New Delhi-110016  
Tel No. (Off) 011-46060501), 46060505 Fax No +91-011-26520255  
website : www.slbsrsv.ac.in

Application Form

आवेदन प्रपत्र

1. Full Name (In Block Letters) .....

पूरा नाम हिन्दी में .....  
(साफ अक्षरों में) .....

2. Father's/Husband's Name .....

पिता/पति का नाम .....

3. (a). Address for Correspondence पत्राचार के लिए पता (b). Permanent Address स्थायी पता

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.....  
.....  
.....

Tel No. .... Fax No. .... T el No. .... Fax.....  
E mail ..... E mail .....

4. Date of Birth & Place जन्म तिथि एवं जन्म स्थान.....

5. Professional/Technical Qualification/ व्यवसायिक तकनीकी योग्यतायें :

(Please attach extra sheet if the space provided is insufficient.)

Education/Degree परीक्षा/उपाधि	University/Collage/Board विश्वविद्यालय/कॉलेज/बोर्ड	% of Marks/Grade अंक % ग्रेड	Year वर्ष	Subject offered परीक्षा का विषय

Affix Passport size duly  
signed Photograph

पासपोर्ट आकार का  
हस्ताक्षरित फोटो  
चिपकाएं

6. Summary to experience/performance. कार्य अनुभव/निष्ठादन का संक्षिप्त विवरण  
(Please attach extra sheet if the space provided is insufficient.)

Employer नियोक्ता	*Status of the Institute/University संस्था की स्थिति	Post Held पद	**Pay Scale वेतनमान	Basic Pay मूल वेतन	Period of Employment नियोजन की अवधि		Nature of Duties/Work कार्यों के स्वरूप	Pensionable Yes/No
					From से	To तक		

Declaration to be signed by the candidate:-

I hereby declare that the entries in this form are correct and true to the best of my knowledge and belief. I declare that I am an eligible candidate for the post as per the prescribed qualifications and fulfill all other conditions.

Place स्थान  
Dated दिनांक

Signature of Applicant/ अभ्यर्थी के हस्ताक्षर  
Name/ नाम .....