



न्यूक्लियर पावर कॉर्पोरेशन ऑफ इंडिया लिमिटेड

NUCLEAR POWER CORPORATION OF INDIA LIMITED

(भारत सरकार का उद्यम A Government of India Enterprise)

काकरापार गुजरात स्थल KAKRAPAR GUJARAT SITE

Nuclear Power Corporation of India Limited, Kakrapar Gujarat Site invites applications on the prescribed form from the interested Specialists / Consultants for Psychiatry, Ayurvedic, Homeopathic & Radiology system of medicine as **Visiting Specialists/Consultants** to its hospital situated in the KAPS Township, Anumala, Taluka: Vyara. The minimum qualification and experience of the above visiting Specialists /Consultants is mentioned in the following table:

Sl. No.	Discipline of Visiting Specialists /Consultants	Qualification	Experience
1	Psychiatrist	MBBS and (MD or Diploma in Psychiatry)	-
2	Ayurvedic	Bachelor of Ayurvedic Medicine & Surgery (B.A.M.S.)	5 years in relevant field
3	Homeopathic	Bachelor of Homeopathic Medicine & Surgery (B.H.M.S.)	5 years in relevant field
4	Radiologist	MBBS and (MD or Diploma in Radiology)	-

The above Visiting Specialists /Consultants should have valid registration from their respective councils.

Interested Specialists/Consultants may download the prescribed form from our website “www.npcil.nic.in” and send the duly filled-in form in a sealed cover superscribing “Visiting Specialists/Consultants for.....” to the **Medical Officer-In-charge**, KAPS Hospital, PO:Anumala, Dist:Tapi, Gujarat 394 651 **latest by 28/02/2017**.



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काकरापार गुजरात स्थल KAKRAPAR GUJARAT SITE
(००६५१०२९ Medical Division)

अणुमाला-394651, ता. व्यारा, जिला तापी, गुजरात Anumala-394651, Ta. Vyara, Dist. Tapi, Gujarat

CIN : U40104MH1987GOI149458

वेबसाइट Website : www.npcil.nic.in

'APPLICATION FORM FOR VISITING HOMEOPATHY DOCTOR'

(To be sent in a sealed cover mentioning 'Application for Visiting Homeopathic Doctor' to: Medical Officer-in-charge, KAPS Hospital, P.O: Anumala, Via: Vyara, Dist.: TAPI – 394 651, Gujarat)

(Kindly, fill up all the columns.)

1.	Name	
2.	Address	
3.	Contact No./email id	
4.	Medical Qualifications with Reg. No.	
5.	Experience of core pathy practice-	
6.	Frequency of visit	Minimum thrice a week for 2 hrs/visit
7.	Convenient Time (Preferably between 0800 am to 0700 pm)	_____ to _____
8.	Number of patients per visit	Maximum : 25
9.	Expected Remuneration per /visit (including Transportation charges)	Rs.
10.	Period of Contract	02 (Two) years
11.	Any other details which you would like to add	

Date :

Signature :
Name :

Place :

Seal with Regn. No.



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(के.के.ए.सी.के.डी.डी. Medical Division)

अणुमाला-394651, ता. व्यारा, जिला तापी, गुजरात Anumala-394651, Ta. Vyara, Dist. Tapi, Gujarat

CIN : U40104MH1987GOI149458

वेबसाइट Website : www.npcil.nic.in

'APPLICATION FORM FOR VISITING AYURVEDIC DOCTOR'

(To be sent in a sealed cover mentioning 'Application for Visiting Ayurvedic Doctor'
to: Medical Officer-in-charge, KAPS Hospital, P.O: Anumala, Via: Vyara, Dist.:
TAPI - 394 651, Gujarat)

(Kindly, fill up all the columns.)

1.	Name	
2.	Address	
3.	Contact No./email id	
4.	Medical Qualifications with Reg. No.	
5.	Experience of core pathy practice-	
6.	Frequency of visit	Minimum twice a week for 2 hrs/visit
7.	Convenient Time (Preferably between 0800 am to 0700 pm)	_____ to _____
8.	Number of patients per visit	Maximum : 25
9.	Expected Remuneration per /visit (including Transportation charges)	Rs.
10.	Period of Contract	02 (Two) years
11.	Any other details which you would like to add	

Date :

Signature :

Name :

Place :

Seal with Regn. No.



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(~~के.के.ए.सी.के.ए.सी.~~ Medical Division)

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CIN : U40104MH1987GOI149458

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'APPLICATION FORM FOR VISITING SPECIALIST / CONSULTANT (Radiologist)'

(To be sent in a sealed cover mentioning- 'Application for Visiting Radiologist' to:
Medical Officer-in-charge, KAPS Hospital, P.O: Anumala, Via: Vyara, Dist.: TAPI –
394 651, Gujarat)

(Kindly, fill up all the columns.)

1.	Name	
2.	Address	
3.	Contact No./email id	
4.	Medical Qualifications	
5.	Experience-	
6.	Frequency of visit	Once a week for Two Hours .
7.	Convenient Time (Preferably between 0800 am to 0700 pm)	_____ to _____
8.	Number of patients per visit	Maximum : 15
9.	Expected Remuneration per patient-	
10.	Transportation charges	
11.	Period of Contract	02 (Two) years
12.	Any radiological investigations done with available resources at KAPS, then percentage discount offered on those procedures on CGHS rates Ahmedabad-2014	_____ %
13.	Any other details which you would like to add	

Date :

Signature :

Place :

Seal with Regn. No.



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(Medical Division)

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'APPLICATION FORM FOR VISITING SPECIALIST / CONSULTANT(Psychiatrist)'

(To be sent in a sealed cover mentioning- 'Application for Visiting Psychiatrists' to:
Medical Officer-in-charge, KAPS Hospital, P.O: Anumala, Via: Vyara, Dist.: TAPI –
394 651, Gujarat)

(Kindly, fill up all the columns.)

1.	Name	
2.	Address	
3.	Contact No./email id	
4.	Medical Qualifications	
5.	Experience-	
6.	Frequency of visit	Once in a week for Two Hours.
7.	Convenient Time (Preferably between 0800 am to 0700 pm)	_____ to _____
8.	Number of patients per visit	Minimum : 15
9.	Expected Remuneration per visit-	
10.	Transportation charges	
11.	Period of Contract	02 (Two) years
12.	Any other details which you would like to add	

Date :

Signature :

Place :

Seal with Regn. No.