



**NEEDS MEDICAL PROFESSIONALS FOR ITS  
ISPAT GENERAL HOSPITAL, ROURKELA**

Ispat General Hospital, a premier hospital of the eastern region with 715 beds is equipped with the state of the art equipment and wide-ranging facilities like CT scan, MRI, Neuro-Surgery, Neonatology, Nuclear Medicine, ICU, Burn Centre etc. The hospital with an excellent record of care, concern and commitment provides ample opportunities to the medical professionals for enhancing their knowledge, expertise and experience. The hospital has also been imparting postgraduate training (DNB) to medical professionals.

Rourkela Steel Plant, as a part of its continuous commitment and effort to improve the quality of life of its employees needs following professionals to strengthen the existing team in its Medical Department.

**VACANCY, RESERVATION & MODE OF SELECTION:-**

Posts	Vacancy	Reservation				Mode of Selection
		SC	ST	OBC	UR	
Consultant (E-4) / Specialist (E-3)	<b>06 (six)</b> Orthopaedics – 02 (two) General Medicine – 02 (two) Radiology – 01 (one) Anaesthesia – 01 (one)	<b>02</b>	--	<b>01</b>	<b>03</b>	Interview
Medical Officer (E-1)	<b>08 (eight)</b>	<b>01</b>	--	<b>02</b>	<b>05</b>	Written Test and Interview

**Note:** Out of the above posts, 01 post is reserved for Persons with Disabilities, on horizontal basis.

**ELIGIBILITY CRITERIA:-**

Sl. No.	Post, Grade & Scale	Maximum Age as on 31/03/2010	Qualification* and Experience as on 31/03/2010	Branch of Specialization
1.	Consultant (E-4) Rs.36600-3%-62000/-	40 years	Post Graduate Degree / DNB. Minimum 6 years Experience after PG Degree / DNB.	Orthopaedics / General Medicine / Radiology / Anaesthesia
2.	Specialist (E-3) Rs.32900-3%-58000/-	38 years	Post Graduate Degree / DNB. Minimum 3 years Experience after PG Degree / DNB.	
3.	Medical Officer (E-1) Rs. 20600-3%-46500/-	30 years	MBBS	

\* Qualification must be from a University/ Institute recognized by Indian Medical Council.

**BENEFITS:-**

1. Apart from Basic Pay mentioned above the pay scales carry industrial DA as admissible. In addition to these, Perquisites and Allowances upto 46% of Basic Pay, Non-Practicing Allowance upto 25% of Basic Pay, Contributory Provident Fund, free Medical Treatment for self and family, Company accommodation subject to availability / House Rent Allowance, Gratuity etc. are also admissible as per rules of the Company.
2. Medical Officers joining in E-1 grade will be placed uniformly at an initial Basic Pay with two advance increments in the scale. Higher starting salary may be considered depending upon qualifications.

## **RESERVATIONS:-**

The reservation of posts in the SC/ST/OBC category is as per Presidential Directives. Persons with Disabilities having 40% or more disability, in the following category of disabilities will be considered.

### **Category of Disabilities: -**

OH – Orthopaedically Handicapped:-

OL – One leg affected (right or left) - (a) Impaired reach, (b) Weakness of grip, (c) Ataxic

OA – One Arm affected - (a) Impaired reach, (b) Weakness of grip, (c) Ataxic.

## **AGE RELAXATION:-**

1) The maximum age is relaxable by 5 years for SC/ST candidates on production of **Scheduled Caste/Scheduled Tribe Certificate** issued by the Competent Authority in the prescribed format as given at **ANNEXURE-III**.

2) The maximum age is relaxable by 3 years for OBC candidates on production of **Other Backward Class Certificate** issued on or after 01/04/2010 by the Competent Authority in the prescribed format as given at **ANNEXURE-IV** and self declaration at **ANNEXURE-V**.

Candidates belonging to OBC category but coming in the “Creamy Layer” are not entitled to age relaxation. Such candidates should indicate their category as “General”.

3) In the case of Persons with Disability category, (i) the maximum age is relaxable by 5 years for GENERAL, 10 years for SC/ST and 8 years for OBC candidates for the post of Consultant (E-4) / Specialist (E-3) and (ii) the maximum age is relaxable by 10 years for GENERAL, 15 years for SC/ST and 13 years for OBC candidates for the post of Medical Officer (E-1), on production of **Disability Certificate** issued by the Competent Authority in the format as given at **ANNEXURE-VI**.

4) In case of Ex-Servicemen age is relaxable as per Government directives.

## **APPLICATION FEE:-**

An **Account Payee Demand Draft** of Rs.300/- (Rupees three hundred only) (non-refundable) drawn on any Nationalized Bank, in favour of **Steel Authority of India Ltd., Rourkela Steel Plant, Rourkela, payable at Rourkela**.

SC/ST/PWD candidates are exempted from payment of Application Fee.

## **GENERAL:**

i. The Date, Place, Time of Written Test / Interview will be intimated at later stage to the eligible short-listed candidates.

ii. Selection/joining of the candidate will be subject to medical fitness as per rules of the company.

iii. Outstation candidates attending the interview will be reimbursed, single to and fro fare from the normal place of correspondence to the place of interview by AC-II Tier Railway Fare/Bus Fare by the shortest route on production of original ticket(s), provided the distance covered by rail or road is more than 30 kilometers each way.

Outstation SC/ST candidates, attending the written test will be reimbursed traveling expenses as above.

iv. Applicants should give clear and complete postal address for correspondence. SAIL/RSP will not be responsible for any postal delay / wrong delivery / non-delivery of any communication at any stage of the recruitment process.

v. SAIL/RSP reserve the right to reject any application or cancel the candidature or the whole process of test/interview, without assigning any reason thereof and no enquiry or correspondence will be entertained in this connection.

vi. Court of jurisdiction for any dispute will be at Rourkela.

## **HOW TO APPLY:-**

1.0 This Advertisement, Application Format, Caste/Category Certificate(s) and Disability Certificate are to be downloaded from this website [www.sail.co.in](http://www.sail.co.in).

2.0 Eligible and interested candidates fulfilling the above eligibility criteria should submit their duly filled in application for the post of Consultant (E-4) / Specialist (E-3) in the format as given at **ANNEXURE-I** and for the post of Medical Officer (E-1) in the format as given at **ANNEXURE-II**.

The application should be neatly typed in capital letter on a plain A4 size paper, **affixing** one recent coloured passport size photograph with full signature on the photo and **enclosing** self attested photocopies of the following documents.

- (i) Certificates, marksheets showing proof of age and Educational / Professional Qualifications,
- (ii) Medical Council Registration
- (iii) Experience Certificate (s) – for the post of Consultant (E-4) / Specialist (E-3)
- (iv) Rotatory Internship Completion Certificate – for the post of Medical Officer (E-1)
- (v) Caste/category Certificate in the prescribed format from the appropriate authority, if applicable.
- (vi) A/c Payee Demand Draft of Rs.300/-, wherever applicable.

- 3.0 The candidate must write his/her name as it appears in the educational certificate of HSC/SSC Examination or its equivalent. In case of change of name at a later stage necessary documentary proof to be submitted along with the application.
- 4.0 Candidates presently employed in Public Sector Undertakings, Autonomous Bodies or Govt. Departments should apply through proper channel or must submit the “No Objection Certificate” from the employer at the time of interview.
- 5.0 Incomplete application / application without enclosure as at para 2 above / application received after the last date / application submitted in a format other than the prescribed format / unsigned application / application without photograph / application without application fee / application not fulfilling any of the eligibility criteria, will be rejected summarily. No communication in this regard will be entertained from the applicants in this regard.
- 6.0 The envelope containing one application and complete in all respects super-scribing on the envelope “**APPLICATION FOR THE POST OF .....**” must be sent by post only, to:

**ASST. GENERAL MANAGER (PERSONNEL-RECRUITMENT),  
BLOCK “E”, GROUND FLOOR, ADMINISTRATION BUILDING,  
SAIL, ROURKELA STEEL PLANT, ROURKELA - 769 011, ORISSA.**

7.0 **LAST DATE** – for receipt of applications is 15/06/ 2010.

**APPLICATION FORMAT**

[Advt. No. 01/2010]

**TO BE FILLED IN CAPITAL LETTERS ONLY**

Affix one  
recent  
passport size  
coloured  
photograph  
duly signed  
across

(1) Post applied for: \_\_\_\_\_

(2) Branch of Specialization: \_\_\_\_\_

(3) Name in Full: \_\_\_\_\_

(4) Father's Name: \_\_\_\_\_

(5) Date of Birth:       (6) Sex: Male / Female  
DD MM YYYY

(7) Caste/Category [Put a tick mark (✓) in the appropriate box, which is/are applicable]

(i) SC  (ii) ST  (iii) OBC  (iv) GEN  (v) PWD  (vi) ESM 

(8) If Persons with Disabilities, (a) Nature of Disability \_\_\_\_\_  
(b) Degree of Disability (%) \_\_\_\_\_

(9) If Ex-Servicemen, (a) Period of continuous service rendered in Armed Forces: \_\_\_ Years \_\_\_ Months  
(b) Date of Release: \_\_/\_\_/\_\_\_\_\_

<p>(10) <u>Correspondence Address with PIN Code:</u></p> <p>PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(11) <u>Permanent Address:</u></p>
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(12) Contact Telephone No., if any: \_\_\_\_\_

(13) Educational Qualifications as on 31/03/2010 (Matriculation onwards):

Examination Passed	Name of the Institution	Name of the Board/University	Year of Passing

(14) Experience as on 31/03/2010 after Post-Graduate Degree / DNB:

Name of Hospital	From	To	Total Period

(15) Medical Council Regn. No. \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

(16) Whether presently employed with Public Sector Undertakings/Autonomous Body/Govt. Deptt.: YES/NO  
If Yes, Name and Address of the Present Employer: \_\_\_\_\_

(17) A/C Payee Bank Draft No. \_\_\_\_\_ Date \_\_\_\_\_  
Name and address of the issuing Bank/Branch \_\_\_\_\_

(18) List of documents enclosed:

**DECLARATION:** I do hereby declare that I agree with all the terms and conditions given in the advertisement and that the above information given by me is correct. I understand that false statement and/or suppression of any material fact in this application will be considered sufficient cause for withdrawal of my candidature/appointment offer/dismissal without notice.

Full Signature of the Candidate

Place: .....

Date: .....

**APPLICATION FORMAT**  
**[Advt. No. 01/2010]**  
**TO BE FILLED IN CAPITAL LETTERS ONLY**

Affix one recent passport size coloured photograph duly signed across

- (1) Post applied for: \_\_\_\_\_
- (2) Name in Full: \_\_\_\_\_
- (3) Father's Name: \_\_\_\_\_
- (4) Date of Birth:       (5) Sex: Male / Female  
DD MM YYYY
- (6) Caste/Category [Put a tick mark (✓) in the appropriate box, which is/are applicable]  
 (i) SC  (ii) ST  (iii) OBC  (iv) GEN  (v) PWD  (vi) ESM
- (7) If Persons with Disabilities, (a) Nature of Disability \_\_\_\_\_  
 (b) Degree of Disability (%) \_\_\_\_\_
- (8) If Ex-Servicemen, (a) Period of continuous service rendered in Armed Forces: \_\_\_ Years \_\_\_ Months  
 (b) Date of Release: \_\_/\_\_/\_\_\_\_\_

(9) <u>Correspondence Address with PIN Code:</u>  PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(10) <u>Permanent Address:</u>  
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(11) Contact Telephone No., if any: \_\_\_\_\_

(12) Educational Qualifications as on 31/03/2010 (Matriculation onwards):

Examination Passed	Name of the Institution	Name of the Board/University	Year of Passing

(13) Period of Rotatory Internship:

Name of Hospital	From	To

(14) Medical Council Regn. No. \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

(15) Whether presently employed with Public Sector Undertakings/Autonomous Body/Govt. Deptt.: - YES/NO  
 If Yes, Name and Address of the Present Employer: \_\_\_\_\_

(16) A/C Payee Bank Draft No. \_\_\_\_\_ Date \_\_\_\_\_  
 Name and address of the issuing Bank/Branch \_\_\_\_\_

(17) List of documents enclosed:

**DECLARATION:** I do hereby declare that I agree with all the terms and conditions given in the advertisement and that the above information given by me is correct. I understand that false statement and/or suppression of any material fact in this application will be considered sufficient cause for withdrawal of my candidature/appointment offer/dismissal without notice.

Full Signature of the Candidate

Place: .....  
 Date: .....

**FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO  
SCHEDULED CASTES or SCHEDULED TRIBES IN SUPPORT OF HIS/HER CLAIM**

This is to certify that Shri/Smt.\*/Kumari\* ..... son/daughter\*  
of..... of Village\*/Town\*..... in  
district/division..... of the State/Union Territory\*..... belongs to the  
..... Caste/Tribe\* which is recognized as SCHEDULED CASTE/SCHEDULED TRIBE\* under:

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) (Union Territories) Order, 1951
- @ The Constitution (Scheduled Tribes) (Union Territories) Order, 1951  
(as amended by the Scheduled Castes and Scheduled Tribes Lists (modification) Order, 1956, the Bombay re-organization Act, 1960. The Punjab re-organization Act, 1966, The State of Himachal Pradesh Act, 1970, the North-Eastern areas (re-organization) Act, 1971 and Scheduled Tribes Orders (Amendment) Act, 1976.)
- @ The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959
- @ The Constitution (Dadra & Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution Scheduled Castes (UP) Order, 1967
- @ The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968
  - ☒ The Constitution (Nagaland) Scheduled Tribes Order, 1970
  - ☒ The Constitution (Sikkim) Scheduled Castes Order, 1978
  - ☒ The Constitution (Sikkim) Scheduled Tribes Order, 1978
  - ☒ The Constitution (Scheduled Castes) Orders Amendment Act, 1990
  - ☒ The Constitution (Scheduled Tribes) Orders Amendment Act, 1991
  - ☒ The Constitution (Scheduled Tribes) Orders second Amendment Act, 1991

2. Application in the case of Scheduled Castes/Schedule Tribes persons who have migrated from one State/UT:

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Smt.\*..... father / mother of Shri / Smt. / Kumari\*..... in the District/Division.....of the State/Union Territory..... who belong to the.....Caste/Tribe\* which is recognized as a SCHEDULED CASTE/SCHEDULED TRIBE\* in the State/Union Territory..... Issued by the ..... (Name of Prescribed Authority) vide their No....., Dated .....

3. Shri/Smt.\*/Kumari\*.....and/or his/her\* family ordinarily reside(s) in Village/Town\*.....of ..... District/Division of the State/Union Territory of .....

Place: .....State/Union Territory

Date: .....

Signature.....

Designation.....

(With Seal of Office)

\* Please delete the words which are not applicable.

☒ Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

**Note:** The term 'Ordinarily reside(s)' used here will have the same meaning as in Section 20 of the Representation of Peoples Act, 1950.

\*\* List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate:

- (1) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Deputy Collector/1<sup>st</sup> Class Stipendary Magistrate/City Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1<sup>st</sup> Stipendary Magistrate.
- (2) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (3) Revenue Officer not below the rank of Tahsildar.
- (4) Sub-Divisional Officer of the area where the Candidate and/or his/her family normally resides.
- (5) Administrator/Secretary to Administrator/Development Officer (Lakshdweep Islands).

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA AND CENTRAL GOVERNMENT PUBLIC SECTOR UNDERTAKINGS**

This is to certify that Shri/Smt./Kumari..... son/daughter of ..... of ..... village..... District/Division..... in the .....State belongs to the ..... Community which is recognized as a Backward Class under:

- (i) Government of India, Ministry of Welfare Resolution No.12011/68/93-BCC(C), Dated 10<sup>th</sup> September, 1993 published in the Gazette of India Extra Ordinary Part-I Section-I, Dated 13<sup>th</sup> September, 1993.
- (ii) Government of India, Ministry of Welfare Resolution No.12011/9/94-BCC, Dated 19<sup>th</sup> October, 1994 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.163, Dated 20<sup>th</sup> October, 1994.
- (iii) Government of India, Ministry of Welfare Resolution No.12011/7/95-BCC, Dated 24<sup>th</sup> May, 1995 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.88, Dated 25<sup>th</sup> May, 1995.
- (iv) Government of India, Ministry of Welfare Resolution No.12011/7/96/94-BCC, Dated 9<sup>th</sup> March, 1996 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.60, Dated 11<sup>th</sup> March, 1996.
- (v) Government of India, Ministry of Welfare Resolution No.12011/44/96-BCC, Dated 6<sup>th</sup> December, 1996 published in the Gazette of India Extra Ordinary Part-I, Section-I, No.210, Dated 11<sup>th</sup> December, 1996.
- (vi) Resolutions No.12011/13/97-BCC, Dated 3<sup>rd</sup> December, 1997.
- (vii) Resolutions No.12011/99/94-BCC, Dated 11<sup>th</sup> December, 1997.
- (viii) Resolutions No.12011/68/98-BCC, Dated 27<sup>th</sup> October, 1999.
- (ix) Resolutions No.12011/88/98-BCC, Dated 6<sup>th</sup> December, 1999.
- (x) Resolutions No.12011/36/99-BCC, Dated 4<sup>th</sup> April, 2000.
- (xi) Resolutions No.12011/44/99-BCC, Dated 21<sup>st</sup> September, 2000.

Shri/Smt./Kumari\* ..... and/or his/her family ordinarily reside(s) in the ..... District/Division of the .....State. This is also to certify that he/she does not belong to the persons/sections (CREAMY LAYER) mentioned in column 3 of the schedule to the Government of India, Department of Personnel and Training O.M.No.36012/22/93-Estt.(SCT), Dated 8<sup>th</sup> September, 1993.

Dated:.....

Seal

Signature .....  
District Magistrate/  
Dy. Commissioner etc.

**NB:**

- (a) The term "ordinarily" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.
- (b) Where the certificates are issued by Gazetted Officers of the Union Government or State Governments, they should be in the same form, but, countersigned by the District Magistrate or Dy. Commissioner (Certificates issued by Gazetted Officers and attested by District Magistrate/Dy. Commissioner are not sufficient)

**DECLARATION**

(in addition of OBC Certificate)

"I .....son/daughter of Shri .....  
resident of village/town/city .....District.....State .....  
hereby declare that I belong to the ..... Community which is recognized as a  
backward class by the Government of India for the purpose of reservation in services as per orders contained in  
Department of Personnel and Training Office Memorandum No.36012/22/93-Estt. (SCT) dated 08/09/1993. It is  
also declared that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule  
to the above referred Office Memorandum dated 08/09/1993".

Full Signature with Date

## NAME AND ADDRESS OF THE INSTITUTE / HOSPITAL

CERTIFICATE NO. ....

DATE: ....

**DISABILITY CERTIFICATE**

Recent Photograph of the Candidate showing the Disability duly attested by the Chair Person of the Medical Board
--

This is certified that Shri/Smt/Kumari .....  
Son/Wife/Daughter of Shri ..... age ..... Sex .....  
identification mark(s) ..... is suffering from permanent disability of  
following category:

- A. Locomotor or Cerebral Palsy:
- (i) BL – Both Legs affected but not arms.
  - (ii) BA – Both Arms affected:
    - (a) Impaired reach.
    - (b) Weakness of grip.
  - (iii) BLA – Both Legs and Both Arms affected
  - (iv) OL – One Leg affected (Right or Left)
    - (a) Impaired reach.
    - (b) Weakness of grip.
    - (c) Ataxic
  - (v) OA – One Arm affected
    - (a) Impaired reach.
    - (b) Weakness of grip.
    - (c) Ataxic
  - (vi) BH – Stiff back and hips (Cannot sit or stoop)
  - (vii) MW – Muscular weakness and limited physical endurance
- B. Blindness or Low Vision:
  - i. B – Blind
  - ii. PB – Partially Blind
- C. Hearing impairment:
  - i. D – Deaf
  - ii. PD – Partially deaf.

(Delete the category whichever is not applicable)

1. This condition is progressive/non-progressive/likely to improve/ not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of ..... years..... months\*.
2. Percentage of Disability in his/her case is ..... percent.
3. Shri/Smt./Kumari ..... meets the following physical requirements for discharge of his/her duties:-
 

(i)	F – can perform work by manipulating with fingers	...	...	Yes/No
(ii)	PP – can perform work by pulling and pushing	...	...	Yes/No
(iii)	L – can perform work by lifting	...	...	Yes/No
(iv)	KC – can perform work by kneeling and crouching	...	...	Yes/No
(v)	B – can perform work by bending	...	...	Yes/No
(vi)	S – can perform work by sitting	...	...	Yes/No
(vii)	ST – can perform work by standing	...	...	Yes/No
(viii)	W – can perform work by walking	...	...	Yes/No
(ix)	SE – can perform work by seeing	...	...	Yes/No
(x)	H – can perform work by hearing/speaking	...	...	Yes/No
(xi)	RW – can perform work by reading and writing	...	...	Yes/No

(Dr.....)  
Member Medical Board

(Dr.....)  
Member Medical Board

(Dr.....)  
Chairperson Medical Board

Countersigned by the  
Medical Superintendent/CMO/  
Head of Hospital  
(with seal)

\* Strike out which is not applicable.