



OIL AND NATURAL GAS CORPORATION LIMITED
MBA BASIN, RECRUITMENT & PROMOTION SECTION
50- J.L. NEHRU ROAD, KOLKATA-71.
PH.033-23012322/2326.

WALK-IN-INTERVIEW FOR CONTRACT MEDICS.

ONGC, a Maharatna PSU, requires to engage Medics on Contract basis for its CBM Development Project at Bokaro, Jharkhand:

- Post: Part Time Field Medic
- No of Post: (1 post)
- Period upto: 30/06/2014
- Consolidated honorarium: ₹ 31,400/-
- Qualification: MBBS degree and a valid Registration with Medical Council of India/state
- Date of Interview: 10/12/2013 (Tuesday)
- Time of Interview: 10 A.M
- Venue of Interview: ONGC office,
CBM Development Project,
1st floor, HSCL Building, Nayamore,
Bokaro Steel City,
Bokaro – 827001,
Jharkhand

Interested candidates are invited for Interview along with typed bio-data in the format at Annexure, passport size photograph, Original qualification certificates and attested copies of the same.

Terms and Conditions:

1. Field Medics may be posted at drill site/installation (current locations at Barkagaon in Hazaribagh).
2. Engagement is purely temporary on contract basis and can be terminated by giving one month's notice from either side.
3. No claim for regular appointment in ONGC by virtue of their having worked on contract basis will be entertained.
4. No TA/DA will be paid for attending the Interview.
5. Submission of incorrect information shall be liable for disqualification / rejection at any stage.
6. Selected candidate shall be required to sign a contract agreement as per the terms and conditions of ONGC.
7. Only Indian Nationals need to apply.

OIL AND NATURAL GAS CORPORATION LIMITED
MBA BASIN

Application for the Post of Field Medic (on Contract)
(To be filled in BLOCK letters)

Affix self
attested recent
passport size
photograph

1. Name of the Candidate :
2. Father's name :
3. Date of Birth :
4. Full Postal Address :
5. E-Mail address :
6. Telephone/Mobile number :
7. Whether SC/ST/OBC/GEN/PC :
(Submit certificate of Competent Authority)

8. Qualifications: -

Sl. No.	Examination Passed	Board/University	Passing Year	Class	% of Marks	Remarks

10. Registration number of Medical Council :

11. Experience

Sl. No.	Work Place	Post Held	Period		Last Pay	Nature of duty
			From	To		

I certify that the above information is correct and attested copies of supporting documents are enclosed.

Signature

Date:

Place: