



IndianOil

इंडियन ऑयल कॉर्पोरेशन लिमिटेड/IndianOil Corporation Limited

पाइपलाइन्स प्रभाग/Pipelines Division

पश्चिमी क्षेत्र पाइपलाइन्स/Western Region Pipelines

सुरेन्द्रनगर (गुजरात)/Surendranagar (Gujarat)

IndianOil Corporation Limited

Pipelines Division Requires Retainer Doctor at Western Region Pipelines, Surendranagar

Applications are invited from Medical professionals for engagement of Retainer to visit our IOCL Western Region Pipelines, Surendranagar Pump Station, PO. Dudhrej, Surendranagar (363040), Gujarat (India) and IOCL Residential Colony, Behind Radhe Tenaments, Dayamayi Mata School, Surendranagar (363001), Gujarat (India), for 2 hrs./day 3 days each at place (IOCL, WRPL, Surendranagar Pump Station and IOCL Residential Colony, Surendranagar) in a week. Doctors with MD (Medicine) MS (General surgery)/ MBBS qualification and minimum 2 years' experience as General Practitioner are eligible to apply. However, doctors with MD (Medicine)/ MS (General Surgery) will be preferred over MBBS. The retainer fees for doctors with MD (Medicine)/ MS (General Surgery) shall be Rs. 1283/ hrs. and retainer fees for doctors with MBBS qualification shall be Rs. 992/ hrs. The remuneration will be paid on actual attendance basis subject to maximum remuneration limited to 52 hours in a month. An increase of 5% annually on cumulative basis shall be paid for subsequent years. The initial period of contract will be for 3 years, which can be terminated by either side by giving 3 months' notice. On expiry of 3 years, further extension of 2 years can be granted on mutual agreement.

Interested candidates may send their application in a sealed cover super-scribing 'Application for Retainer Doctor' to IOCL, Western Region Pipelines, Surendranagar Pump Station, PO. Dudhrej, Surendranagar (363040), Gujarat (India) latest by 11.06.2024 in the given format Annexure 'A'.

For further details, please write on e-mail id shrivastavaa2@indianoil.in or contact on +91 7877638630.



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Annexure- "A"

Application for Retainer Doctor

1. Doctor's Name:	
2. Date of Birth:	
3. Qualification:	
4. Registration No.	
5. Mobile No.	
6. E-Mail Address:	
7. Experience:	
8. Residence and Clinic Address with Telephone no.:	

Date:

Signature