### Advertisement

#### NALSAR University of Law, Hyderabad Shameerpet

Date: 27.07.2023

## ADVERTISEMENT FOR THE POST OF MEDICAL OFFICER

NALSAR University of Law, Hyderabad, a premier institution of national eminence in legal education and research is looking for qualified Medical Officer for the University on contractual basis:

#### **Essential Qualification:**

- (i) M.B.B.S from a recognized University which is recognised by Medical Council of India
- (ii) He/She should be registered with a State Medical Council

Interested eligible candidates may apply latest by 01-08-2023 (by 5.00 p.m.).

Experience: Candidates having experience will be preferred

Salary is negotiable and will not be a constraint for qualified and well experienced candidates.

#### Medical Officer will be required to visit the campus daily.

#### **General information:**

- (a) Only Indian Nationals are eligible to apply.
- (b) Age of the candidates must be below 65 years.
- (c) The engagement of the Medical Officer shall be purely on part time basis for a period of one year and may be terminated by either side by giving one month's notice.
- (d) Upon selection, the Medical Officer shall be required to attend to the patients of Health Centre as per the time schedule decided by the Vice-Chancellor of the University.
- (e) The Medical Officer shall be governed by the rules and regulations in force in the University from time to time.



# NALSAR University of Law, Hyderabad

B.No.1, Justice City, Shameerpet, Medchal-Malkajgiri Dist. 500 101. Ph : 040 – 23498104 / 115 Paste recent

Passport-size

photograph

## Application form for the post of \_MEDICAL OFFICER

## LAST DATE FOR RECEIVING THE COMPLETED FORM : August 1, 2023

| Name:  |
|--|
| (in capitals)  |
| Father's / Mother's Name:  |
| Date of birth: Date: Month: Year:  |
| Nationality: Do you belong to any special category.<br>(If yes indicate) |
| Address for correspondence:  |
| PIN:   |
| rin  |
| Phone / Mobile Number: Email:  |
| Are you a retired Doctor? : Yes / No If yes, please give details         |
| Registration No.:  |
|  |

Educational Qualifications (in chronological order from 10<sup>th</sup> standard onwards.)
(Enclose documentary evidence):

| Course | Board/     | Year of | Class/Division | Percentage | Subjects |
|--------|------------|---------|----------------|------------|----------|
|        | University | Passing |                |            |          |
|        |            |         |                |            |          |
|        |            |         |                |            |          |
|        |            |         |                |            |          |
|        |            |         |                |            |          |
|        |            |         |                |            |          |
|        |            |         |                |            |          |
|        |            |         |                |            |          |
|        |            |         |                |            |          |

8. Experience (start from the current position) (Enclose documentary evidence)

| Name and address of<br>employer / institution | Designation | Responsibilities | Dates | Dates |  |  |
|---|-------------|------------------|-------|-------|--|--|
|   |             |                  | From  | То    |  |  |
|   |             |                  |       |       |  |  |
|   |             |                  |       |       |  |  |
|   |             |                  |       |       |  |  |
|   |             |                  |       |       |  |  |
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|   |             |                  |       |       |  |  |
|   |             |                  |       |       |  |  |
|   |             |                  |       |       |  |  |

- 9. Additional relevant information, if any, in support of your suitability for the said engagement, attach a separate sheet, if necessary:
- 10. References:

| Referee 1: Name and address | Referee 2: Name and address |  |  |
|-----------------------------|-----------------------------|--|--|
|                             |                             |  |  |
|                             |                             |  |  |
|                             |                             |  |  |
| Ph:                         | Ph:                         |  |  |
| Email :                     | Email :                     |  |  |

#### DECLARATION

The information furnished above is true to the best of my knowledge.

| Signature: Date: |
|------------------|
|------------------|

Encl: List of enclosures.