



उ0प्र0 पंडित दीन दयाल उपाध्याय पशु चिकित्सा विज्ञान विश्व  
विद्यालय एवं गौ-अनुसंधान संस्थान, मथुरा 281001

चिकित्सक की आवश्यकता है

विश्वविद्यालय के मानव चिकित्सालय में रू0 20,000/- प्रतिमाह नियत भुगतान पर प्रतिदिन दो घण्टे अपनी सेवाएं छह माह तक देने के लिये एक योग्य पंजीकृत एम0बी0बी0एस0 (न्यूनतम) शैक्षिक योग्यता धारक चिकित्सक की आवश्यकता है।

उपरोक्त अर्हता रखने वाले इच्छुक चिकित्सक अपने समस्त मूल प्रमाण पत्रों व छायाप्रति सहित दिनांक: 16.01.2019 को अपरान्ह: 3:00 बजे वाक इन इन्टरव्यू हेतु अधिष्ठाता पशुचिकित्सा संकाय के समिति कक्ष में उपस्थिति हों। साक्षात्कार में उपस्थिति होने वाले पात्रों को किसी भी प्रकार का यात्रा भत्ता अनुमन्य नहीं होगा।

**कुलसचिव**

**U.P.Pt. Deen Dayal Upadhyaya Pashu Chikitsa Vigyan Vishwavidyalaya  
Evam Go Anusandhan Sansthan, Mathura**

**Terms and Conditions for the post of Medical Officer(Human)**

1. Appointment is temporary on contractual basis and on fixed Emolument of Rs. 20,000/-per month.
2. No other allowances are admissible except fixed Emolument of Rs. 20,000- per month.
3. T.A. and D.A. will not be given for joining the duty.
4. The incumbent has to perform duties of Medical Officer at the health Center, at university campus for two hours daily (4:00 PM TO 6:00 PM) on all working days and has to attend any emergency medical situation on call.
5. Incumbent is required to provide an affidavit on Rs. 100/- stamp paper to the effect that the incumbent will not leave the university assigned duty without given a prior notice at least one month before, failing which his/her last month's emolument shall not be paid by the University.
6. You are required to join at the given assignment with in 15 days of issuance of this letter. Please note that this period shall not be extended.
7. Your controlling officer in the university shall be Dean, Students Welfare.

**U.P.Pt. Deen Dayal Upadhyaya Pashu Chikitsa Vigyan Vishwavidyalaya Evam Go  
Anusandhan Sansthan, Mathura**

**Application Form**

**Medical Officer on Contractual and Part time basis for health Center DUVASU**

1. Candidate Full Name.....
2. Father's Name.....
3. Age.....D.O.B.....Gender.....
4. Category.....
5. permanent Address.....
6. Academic Qualification.....

S.No.	Degree	Year	Institute/University Name

7. Registration No. of MCI.....
8. Mobile No.....E-mail .....
9. Experience.....
- Work In Dept/Hospital.....
- Date:.....
- Place.....

**Candidates Signature's**

**Please attach relevant Certificates:**



