



# भाकृअनुप- राष्ट्रीय अश्व अनुसंधान केन्द्र

सिरसा रोड़, हिसार - 125001 (हरियाणा) भारत

## ICAR - NATIONAL RESEARCH CENTRE ON EQUINES

Sirsa Road, Hisar - 125001 (Haryana) INDIA

### Notice for inviting applications for engagement of Part Time Medical Officer at ICAR-NRCE, Hisar (Haryana)

Applications are invited from eligible Doctors for appointment of one Part Time Medical Officer (MBBS with minimum 5 years' experience) initially for a period of one year, extendable upto a maximum period of 03 years in total subject to performance and need, at the prescribed emoluments of Rs. 40,000/-. Interested candidates may submit their bio-data so as to reach this office by 20.04.2026. For details, please visit <http://nrce.gov.in>

(Dinesh Datt Sharma)

Assistant Administrative Officer  
ICAR-NRC on Equines, Hisar (Haryana)



भा.कृ.अनु.प.— राष्ट्रीय अश्व अनुसंधान केन्द्र  
ICAR- NATIONAL RESEARCH CENTRE ON EQUINES  
सिरसा रोड, हिसार—125 001 (हरियाणा)  
SIRSA ROAD, HISAR – 125 001 (HARYANA)

FOR THE INSTITUTE WEBSITE

File No. 6-9/E/90/P-III

Dated: 27.03.2026

**NOTICE FOR APPOINTMENT OF PART TIME MEDICAL OFFICER AT ICAR-NRCE, HISAR (HARYANA)**

Applications are invited from eligible Doctors for appointment of one Part-Time Medical Officer (MBBS with minimum 5 years' experience) initially for a period of one year, extendable based on performance and requirement, subject to approval by the competent authority upto a maximum period of three years in total at prescribed emoluments of Rs. 40,000/-. Interested candidates may submit their bio-data (as per enclosed format) so as to reach this in the Office, ICAR-NRCE, Hisar (Haryana) or through email at [hoa.nrce@icar.org.in](mailto:hoa.nrce@icar.org.in) by 20.04.2026 upto 5.30 PM. Incomplete applications/bio-data will not be entertained. This office will not be responsible for any postal delay. Applications not supported by the requisite documents will also not be considered.

**TERMS AND CONDITIONS FOR ENGAGEMENT OF PART-TIME MEDICAL OFFICERS PTMOS:-**

- Nature of Engagement-** The engagement is purely on a part-time and contractual basis. It shall not confer any right for regular appointment or continuity in service.
- Duration of Engagement-** The initial engagement will be for a period of one year, which may be extended based on performance and requirement, subject to approval by the Competent Authority. However, no engagement to be continued beyond a period of three (03) years in total.
- Working Hours-** The PTMO will be required to attend the Institute for minimum 02 hours per day and minimum 03 days in a week or as mutually agreed upon for longer periods and duration
- Place of Duty-** The duty station will be the premises of the concerned ICAR Institute. The PTMO may also be required to attend field units within the municipal limits of the same city, if necessary.
- Remuneration-** The consolidated remuneration shall not be more than Rs. 40,000/- (Rupees Forty Thousand only) per month (all inclusive) subject to annual revision of not more than 5% on the base value for upto 03 years maximum. Note: If, the same PTMO is engaged by two or more institutes that are situated within a radius of 3 kms, the PTMO shall be entitled to receive full remuneration from the institute who has engaged him first, and 50% of the prescribed remuneration from each additional institute of subsequent engagement. He/She will be paid a monthly fixed remuneration of Rs 40,000/- (as may be revised from time to time).
- Tax Deduction-** The remuneration will be subject to deduction of TDS as applicable under the relevant provisions of Income Tax Act.
- No Other Benefits-** The PTMO shall not be entitled to any kind of allowances, perquisites, gratuity, pension, residential accommodation, transport or medical reimbursement beyond the fixed remuneration.
- Qualifications-** The candidate must possess a MBBS or equivalent degree from a recognized university/institution and should be registered with the National Medical Commission (NMC)/State Medical Council/other statutory body as per legal requirements for practicing medical treatment.
- Experience-** Preference may be given to candidates with a minimum of 05 years of relevant experience in a Government/ Autonomous/Private Hospital setup.

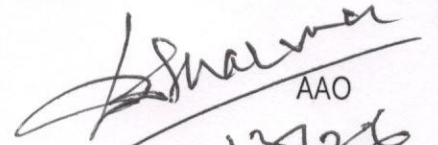
13/26

10. **Age Limit-** The maximum age limit for engagement is 65 years, relaxable in exceptional cases on case-to-case basis. However, no engagement shall be permissible beyond 70 years under any circumstances.
11. **Medical Fitness-** The candidate must be medically fit and may be required to submit a medical fitness certificate at the time of engagement.
12. **Termination Clause-** Either party may terminate the engagement by giving one month's notice or one month's remuneration in lieu thereof.
13. **Confidentiality-** The PTMO shall maintain strict confidentiality regarding all official matters and patient records.
14. **Code of Conduct-** The PTMO shall adhere to the discipline and conduct rules applicable in the Institute and shall maintain professional ethics and decorum.
15. **Attendance Record-** Attendance will be maintained by the Institute and payment shall be made only for the days attended. Monthly attendance of the PTMO shall be certified by the designated officer (e.g., senior most Officer of Administrative Cadre/ Head of Office/ Medical In-Charge) for release of remuneration. Absence without prior intimation may lead to termination.
16. **Substitute Arrangement-** No substitute arrangement will be allowed. In case of absence, the PTMO must inform the Competent Authority in advance.
17. **Patient Record Maintenance-** The PTMO shall maintain proper records of all patients attended and submit periodic reports as prescribed by the Institute.
18. **Use of Facilities-** The PTMO may be allowed to use the Institute's medical room and essential equipment for patient care. Regular Employees/Pensioners/RA/ SRFs/Young Professionals and students including who are not covered under ESIC benefits or other medical benefits may also seek consultation from the engaged PTMO.
19. **Liability for Negligence-** The PTMO shall be liable for any proven case of medical negligence or professional misconduct during the period of engagement.
20. **Jurisdiction-** In case of any legal dispute, the jurisdiction shall lie in the court of the city where the ICAR Institute is located.
21. **Conflict of Interest-** The PTMO must declare if engaged in any other medical practice or consultancy elsewhere and must ensure that there is no conflict of interest.
22. **Identity Card-** The PTMO shall be issued an identity card valid for the duration of the contract.
23. **Emergency Services-** The PTMO may be called upon to provide medical attention or health-related incidents in emergent circumstances, without additional remuneration.
24. **Conduct During Epidemics/Pandemics-** During outbreaks like COVID-19, the PTMO shall be expected to assist in health advisory, screening and awareness activities at the Institute.
25. **No TA/DA Admissible-** No Travel Allowance (TA) or Daily Allowance (DA) shall be admissible for attending the duty or for any travel unless explicitly approved by the Competent Authority only in case of emergent circumstances duly recorded over file and details thereof to be attached with claim bill.
26. **Liability for Personal Insurance:** The Institute shall not be responsible for any personal injury, loss or accident to the PTMO during the course of duty. The PTMO is expected to make their own insurance arrangements.
27. **Supervision and Reporting:** The PTMO shall report to the designated Nodal Officer/ Medical Supervisor of the Institute and work under their guidance.
28. **Participation in Health Camps-** The PTMO may be required to participate in internal health camps, vaccination drives or wellness initiatives organized by the Institute.
29. **Use of Official Premises-** The PTMO shall not be permitted to run private practice or carry out any unrelated professional activity within the premises of the Institute.
30. **Verification of Documents-** All original documents related to educational qualifications, registration and experience shall be verified at the time of joining. Any false declaration shall lead to termination.



Handwritten signature and date: 27/7/20

31. **Indemnity Bond-** An undertaking or indemnity bond may be required to be signed at the time of engagement, accepting all terms and conditions.
32. **Amendments:-** The Institute reserves the right to modify or amend these terms and conditions at any time, with the approval of the Competent Authority.
33. Emergency cases will also be attended by him/her at his/her Clinic in the city.
34. Any other condition as deemed fit by the competent authority.

  
AAO  
27/8/26  
(D.D. SHARMA)  
AAO

Recent Photo

Application Format

|     |  |                                 |                |         |
|-----|--|---------------------------------|----------------|---------|
| 1.  | Name   |                                 |                |         |
| 2.  | Father's Name                                |                                 |                |         |
| 3.  | Date of Birth                                |                                 |                |         |
| 4.  | Present Address                              |                                 |                |         |
| 5.  | Permanent Address                            |                                 |                |         |
| 6.  | Telephone/Mobile Numbers                     |                                 |                |         |
| 7.  | Email Address                                |                                 |                |         |
| 8.  | Age Proof                                    | Birth Certificate/Matriculation |                |         |
| 9.  | Qualification details only MBBS onwards      |                                 |                |         |
|     | Examination                                  | Board                           | Marks obtained | % marks |
|     |  |                                 |                |         |
|     |  |                                 |                |         |
|     |  |                                 |                |         |
|     |  |                                 |                |         |
|     |  |                                 |                |         |
|     |  |                                 |                |         |
| 10. | Experience                                   |                                 |                |         |
|     | Name of Employer                             | From                            | To             |         |
|     |  |                                 |                |         |
|     |  |                                 |                |         |
| 11. | Regn. No. with NMC/SMC/ Other statutory Body |                                 |                |         |

It is certified that the information furnished above is correct to the best of my knowledge and belief.

Check List:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you fulfill the essential qualification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have requisite experience           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have registration No.               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature of Candidate

Date:  
Place: