

Letter of Undertaking

To
The ED (M&HS)
Durgapur Steel Plant

Dear Sir,

In response to the advertisement No: -----

Dated. -----, I, Shri/Smt./Ms./Mr./Dr. -----,

daughter/son of Shri/Smt. /Ms./Mr. -----, resident of -----

-----, do hereby submit my application for engagement as Medical Officer(GDMO)/

Specialists on contract basis in Durgapur Steel Plant (DSP) Hospital.

1. I do hereby undertake that :-

- a. I am willing to take up the engagement at DSP hospital for which the selection has been made on the basis of my performance in the walk-in interview.
- b. I agree to accept payment of honorarium at the stipulated rates mentioned in the advertisement, which shall be made from the date of my engagement as Medical Officer/ Specialist.
- c. My selection for the engagement as Medical Officer (GDMO)/ Specialist on contractual basis does not entitle me to any claim for employment in DSP in any post, whatsoever.

2. In respect of all matters for which no specific provision has been made herein, the decision of the DSP authority in respect of the concerned matter will be final and binding.

3. Any violation of rules and discipline or any activity causing disruption to the hospital working or bringing disrepute to the hospital shall be punishable or shall result in termination of my contract.

4. DSP reserves the sole authority to accept OR reject my candidature for contractual engagement in DSP Hospital and the decision of DSP in this regard is final and binding.

I have read and understood the above terms & conditions governing the contractual engagement at DSP Hospital and agree to abide by them.

Yours faithfully,

(Signature)

(Name :-----)

Mobile No.

Date :
Place :

**STEEL AUTHORITY OF INDIA LIMITED
DURGAPUR STEEL PLANT**

**APPLICATION FORMAT FOR ENGAGEMENT OF DOCTORS IN MEDICAL DISCIPLINES
ON CONTRACT BASIS AT DURGAPUR STEEL PLANT (DSP)
(WALK-IN-INTERVIEW)**

1. Post applied for : GDMO / Specialists (Discipline: _____)
2. Name in full (CAPITAL LETTERS) :
3. Father's Name :
4. Date of Birth :
5. Present Address :
- State : Pin Code :
6. Permanent Address :
- State : Pin Code :
7. Mobile No : 8. Landline No (with STD code) :
9. E-mail id :
10. Marital Status : 11. Gender :
12. Religion : 13. Nationality : 14. Caste :

Paste your recent
passport size
colour
photograph

15. Educational Qualification (MBBS onwards):

Qualification	Name of the Board / Council / University	Year of passing	Major subjects / Specialization	Percentage	Class/ Division

16. Other Work Experience(if any):

Organization	Joining Date	Date of Separation	Designation(at the time of separation)	Discipline

17. Superannuation details :

Organization	Joining Date	Date of Superannuation	Designation (at the time of retirement)	Department / Area/ Section

18. (a) Valid Registration Certificate of State Medical Council (Please tick): Yes
- (b) Registration No: State : valid upto :

Declaration :

I agree to all the terms and conditions given in the advertisement (vide No. . DSP/PERS-NW/RECTT/CONT_DOC/2022/140 dtd 20.01.2022) and all the information given by me in this application form and its enclosures are true and correct. In case of any declaration and documents attached herewith are found to be false and if I am unable to produce/ submit relevant documents my candidature may be cancelled at any stage of the selection process or thereafter.

I further declare that I have not separated from SAIL/ other PSUs / Government by opting for Voluntary Retirement.

In the event that the wrong statement/ information/ documents is/are detected afterwards, then my engagement on contract basis is liable to be terminated without notice.

Date: (Signature of the applicant)

NB : Applicants are required to bring all relevant documents (original+1 set self-attested) at the time of walk-in-interview.