



### **EXPRESSION OF INTEREST FOR HIRING OF VISITING PROFESSOR (RADIOLOGY)**

Applications are hereby invited for the engagement of a Radiologist on visiting basis at Chacha Nehru Bal Chikitsalaya (CNBC), Delhi. The engagement will be initially for a period of one year which is further extendable subject to satisfactory performance or till the post of Assistant Professor (Radiology) is filled.

**The last date of receiving the application is 09.06.2026 by 05.00 P.M.** The application may be submitted by hand in Room No.10, Administration branch, or through speed post to **“The Director, Chacha Nehru Bal Chikitsalaya, Geeta Colony, Delhi-110031.** The name of the shortlisted candidates and the date for interview will be displayed on the hospital website only.

#### **About CNBC**

CNBC is a 221 bedded Paediatrics post graduate institute under the Govt. of NCT of Delhi, catering to children up to 12 years of age. This hospital has an average daily footfall of 1300-1500 patients in OPD and admits approximately 40-50 patients per day of which approximately 15-20 patients require an USG scan and 1-2 USG guided intervention procedures per day.

#### **Eligibility:**

- a) A postgraduate qualification, i.e. MD/DNB/DMRD (Radiology)
- b) Minimum 6 months of experience after post-graduation.
- c) Valid DMC registration
- d) If retired from government service, the applicant should be clear from the vigilance angle.

#### **Terms & Conditions:**

- a) The engagement will be purely on a visiting basis, preferably three times a week, with a maximum of 20 days per month.
- b) Each visit will be minimum of 4 hours between 09.00 A.M. to 04.00 P.M.
- c) The remuneration per visit shall be mentioned by the candidates
- d) No other allowances will be paid
- e) Consent for registration under the PCPNDT Act for CNBC is mandatory

Sd/---  
(Dr. Monica Juneja)  
Director, CNBC

APPLICATION FORMAT

**EXPRESSION OF INTEREST FOR RADIOLOGIST**

1. Name (In block letters) \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Category (Gen/OBC/SC/ST/DIYANG(PH): \_\_\_\_\_
4. Father's/Husband Name: \_\_\_\_\_
5. Address (Permanent) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact No. &

email \_\_\_\_\_

Affix passport size  
photo

6. Address for correspondence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin code: \_\_\_\_\_

7. Qualification(s)

| Examination<br><br>Passed                 | Name of College | Board/University | Year of<br>Passing |
|-------------------------------------------|-----------------|------------------|--------------------|
| 10 <sup>th</sup> /Matriculation/Secondary |                 |                  |                    |
| MBBS                                      |                 |                  |                    |
| MD/DNB/DMRD in Radiology                  |                 |                  |                    |
| Any other Addl qualification              |                 |                  |                    |

8. Registration with Delhi/State council/MCI and its validity (as applicable) \_\_\_\_\_

9. Details of experience:

| Name of the Hospital/Institute(Please mention whether Paediatrics Hospital/Institution) | Date of joining | Date of leaving | No. of years | Nature of duties performed |
|-----------------------------------------------------------------------------------------|-----------------|-----------------|--------------|----------------------------|
|                                                                                         |                 |                 |              |                            |
|                                                                                         |                 |                 |              |                            |
|                                                                                         |                 |                 |              |                            |
|                                                                                         |                 |                 |              |                            |

10. Details of remuneration demanded as per the following timings. The applicant may mention remuneration individually in all columns for different timing or may mention only in one specific column as per his/her choice.

| Sl No. | Full time or Part time | Timings                  | Consolidated remunerations ( In Rs.) |
|--------|------------------------|--------------------------|--------------------------------------|
| 1.     | Full Time              | 09.00 A.M. to 04.00 P.M. |                                      |
| 2.     | Ist Half               | 09.00 A.M. to 01.00 P.M. |                                      |
| 3.     | 2 <sup>nd</sup> Half   | 02.00 P.M. to 06.00 P.M. |                                      |
| 4.     | Per hour in a visit    | As mutually agreed       |                                      |

**DECLARATION**

I hereby solemnly declare and affirm that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or any column left blank in my application then my candidature is liable to be canceled /terminated and no further correspondence/query shall be entertained.

Place:

(Signature of the Applicant)

Date :

Candidate Full Name: