भा.कृ.अनु.प.– राष्ट्रीय अनार अनुसंधान केन्द्र, सोलापुर
ICAR - National Research Centre on Pomegranate
(Indian Council of Agricultural Research)
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(ISO 9001:2015 Certified Institute)

F. No. 2-30/Med. AMA/26/Estt.
Dated: 03.08.2026

Notification

A Walk-In-Interview for engagement of **One (01) Part Time Medical Officer** purely on temporary/part time and contractual basis will be held on **24.08.2026 (10:30 AM)** at ICAR-NRCP, Solapur -413255. The details are as follows:

Sl. No.	Name of Institute	Name of Post	No. of Post	Essential Qualification	Experience
1.	ICAR-NRCP, Solapur	Part Time Medical Officer (PTMO)	01 (Allopathy)	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.	Preference may be given to the Candidate with minimum Five(05) years of relevant experience in a Government/ Autonomous/Private hospital setup.

The **terms and conditions** for the engagement of Part Time Medical Officer at this Institute are attached herewith at ***Annexure-I***. Interested candidates may present themselves to the Committee, constituted to identify the Part Time Medical Officer (PTMO) on Part-time basis at ICAR-NRCP, Solapur with duly filled application form (*Annexure-II & III*) on **24 .08.2026 at 10:30 AM**. For nay query contact to Sh. R. B. Rai, Sr. Administrative Officer Mob. No. 9923847532.

Sd/-
SENIOR ADMINISTRATIVE OFFICER
ICAR-NRCP, Solapur

ANNEXURE - I

Terms and Conditions for engagement of Part-Time Medical Officers (PTMOs)

1. **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.
2. **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.
3. **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.
4. **Place of Duty:** The duty station will be the premises of the ICAR-NRCP, Solapur.
5. **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.*

6. **Tax Deduction:** The remuneration will be subject to deduction of TDS as applicable under the relevant provisions of Income Tax Act.
7. **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.
8. **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.
9. **Experience:** Preference may be given to candidates with a minimum of 05 years of relevant experience in a Government / Autonomous / Private hospital setup.
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. **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.
18. **Liability for Negligence:** The PTMO shall be liable for any proven case of medical negligence or professional misconduct during the period of engagement.
19. **Jurisdiction:** In case of any legal dispute, the jurisdiction shall lie in the court of the city where the ICAR Institute is located.
20. **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.
21. **Identity Card:** The PTMO shall be issued an identity card valid for the duration of the contract.
22. **Emergency Services:** The PTMO may be called upon to provide medical attention or health-related incidents in emergent circumstances, without additional remuneration.
23. **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.
24. **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.
25. **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.
26. **Supervision and Reporting:** The PTMO shall report to the designated Nodal Officer / Medical Supervisor of the Institute and work under their guidance.
27. **Participation in Health Camps:** The PTMO may be required to participate in internal health camps, vaccination drives or wellness initiatives organized by the Institute.
28. **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.
29. **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.
30. **Indemnity Bond:** An undertaking or indemnity bond may be required to be signed at the time of engagement, accepting all terms and conditions.
31. **Amendments:** The Institute reserves the right to modify or amend these terms and conditions at any time, with the approval of the Competent Authority.

Annexure II

ICAR-NATIONAL RESEARCH CENTRE ON POMEGRANATE
KEGAON, SOLAPUR-413255

PROFORMA OF APPLICATION FORM

(A) General Information: -

1.	Post Applied for		Paste recent passport size photograph duly self-attested
2.	Full Name (in Block letters)		
3.	Father's /Husband's Name		
4.	Gender	Male / Female / Others	
5.	Date of Birth (DD/MM/YY)	...../...../.....	
6.	Age as on date of Interview	.....years.....months..... days	
7.	Marital Status	Married / Unmarried	
8.	Contact No.		Mob. No.
9.	E-mail		
	Alternate-mail		
10.	Correspondence Address		
11.	Permanent Address		

(B) Academic Qualification:

Sl. No.	Name of degree	Subjects/ specialization	Board/ University	Year of passing	Duration of Course (in years)	Max. Mark/ CGPA	Marks/ CGPA obtained	%
1.	10^{th}class/ equivalent							
2.	10+2/Higher Secondary or equivalent							
3.	Bachelor's Degree							
4.	Master's Degree							
5.	Ph. D							
6.	Other (Specify)							

(C) **Experience (duly supported with certificates issued by Concerned Employers)**

Chronological list of experience						
Sl. No.	Designation	Name of the Employer	Period of experience		No. of years/ months	Nature of work done
			From date	To date		
1.						
2.						
3.						
4.						

(D) **Please state whether you are employed at present: Yes / No**

If yes, then give details of Employer with full Address and produce No Objection Certificate	

(E) **Additional information, If any:**

DECLARATION

I..... do hereby declare that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false/ incorrect/ incomplete or ineligibility being detected at any time before or after the interview/ selection, my candidature/appointment may be canceled or is liable to be rejected without any notice.

Date:
Place:

(Signature)
Full Name of the Candidate

Annexure III

DECLARATION

(To be submitted in advance by candidates whose relative(s) is an employee of ICAR/ICAR-NRCP, other candidates will furnish it at the time of Interview)

I ....., declare that none of my near or distant relative(s) is
an employee of the Indian Council of Agricultural Research (ICAR)/ ICAR-NRCP, Solapur

Or

I..... declare that I am related to the following individual(s) employed in ICAR/ ICAR-NRCP, Solapur who's Name(s), designation, nature of duties, and relationship with me are furnished below.

Name:
Designation:
Institute/Organization:
Relationship:
Nature of duties:

If the above-cited information is found to be incorrect or concealing any facts, my candidature for the interview/ selection to the post is liable to be cancelled.

Signature.....

Full Name of the Candidate.....

Date: .....

Place: .....