



भारतीयखेलप्राधिकरण, ने.सु.द.केन्द्र, बेंगलुरु
SPORTS AUTHORITY OF INDIA
NETAJISUBHAS SOUTHERN CENTRE, BENGALURU

Expression of Interest (EOI) for Empanelment of Orthopaedics Consultants on visiting basis in SAI

The Sports Authority of India, Netaji Subhas Southern Centre (SAI NSSC), Bengaluru, is one of the regional centres of the Sports Authority of India under the Ministry of Youth Affairs and Sports, Government of India. The centre hosts national coaching camps and houses a National Centre of Excellence (NCOE). It is also associated with various academic and learning programmes aimed at promoting sports education and research.

This centre is having medical centre and having MoU with multiple hospital. However it is observed that having a experts Doctor on visiting basis will benefit to NCOE Athletes like timely expert Orthopaedic care, enhance injury management, better monitoring of chronic injuries, reduced external visits of Athletes to Hospital.

In view of the above it is decided to empanel the 02 visiting expert orthopaedic consultant for an initial period of two year which can be extended for 01 more year depending on satisfactory performance to provide consultation, OPD and referral services.

The candidates who full fill the eligibility criteria will be called for a walk-in interview/Online interview.

1. ESSENTIALQUALIFICATIONS & EXPERIENCE;

S. NO	SPECIALITY	REQUIREMENT	QUALIFICATION EXPERIENCE	FREQUENCY
01	Orthopaedics	02	MS or DNB Orthopedics with 10 yrs. of Experience	01visit per week

2. ROLES& RESPONSIBILITIES-

- Consultation/ tele-consultation services
- OPD services
- Referral services

3. TENURE

- The initial tenure of empanelment of the Doctor will be for two (02) years
- The tenure may be extended by another one year on mutual consent; however, it is purely based on performance review.

4. HONORARIUM

Per Visit Rs 2,500/-

Travel Allowance Rs 500/-

5. TERMS AND CONDITIONS RELATING TO FEE

1. All payments will be made in INR.
2. No interest shall be paid for any delayed payment.

6. REGISTRATION

The candidates should be registered with Karnataka /State Council/ Medical Council of India

7. HOW TO APPLY:

- The interested candidates may give their expression of Interest in prescribed format by email to rcbengaluru.sai@gov.in
- The application should reach by email on or before 20days from the date of publication of EOI. Any application received after the cut-off date will not be considered /entertained.

8. RIGHTS OF SAI

The SAI reserves the right to:

1. Cancel this notice at any stage of the process without assigning any reason there of and no claim/dispute in this regard shall be entertained;
2. To reject any/all applications without assigning any reason thereof;
3. To relax or waive any of the conditions stipulated in this document as deemed necessary in the best interest of SAI without assigning any reasons thereof;

9. GENERAL TERMS & CONDITIONS

1. The empanelment of the Doctor shall be the sole discretion of the Sports Authority of India. No person(s) will have any claim for being empanelled. SAI reserves the right to empanel more than one Doctor and assigned them jobs as per the requirement which is solely its discretion
2. If there are a large number of applications received, then suitable criteria will be adopted for short listing the Doctor and the panel shall be created based on the personnel interview which will be subsequently scheduled for shortlisted applicants.
3. Doctor mere submission of application and fulfilling of Eligibility Criteria does not entitle empanelment nor can any claim to this effect be made.
4. Quick response in cases of emergency is expected by the empanelled Orthopaedics; even though the situation may arise on holidays/non-working days.

5. The Doctor shall take all necessary steps to protect the interest of SAI in matters entrusted to it from time to time in complete totality.
6. The Doctor will not use SAI's name/logo/ Symbol on its letter Head/Signboard/Name plate etc.
7. The empanelled Doctor shall maintain absolute secrecy and confidentiality about the cases of SAI entrusted to them.
8. The empanelled Doctor shall be required to sign an Agreement with SAI Bangalore.
9. SAI reserves the right to verify/cross check the information furnished/submitted by the Applicants
- 10 The empanelment of the Doctor liable to be cancelled due to occurring of any or more of the following conditions /situations:
 - a. Giving false information in the application for empanelment;
 - b. Not acting as per instructions of SAI or going against specific instructions;
 - c. Threatening, intimidating or abusing any of the employees, officer(s) or representatives of SAI;
 - d. Passing information relating to SAI's case to any third party likely to harm the interest of SAI except the information as permitted under the law;
 - e. Any other reasons as deemed fit by SAI.
11. The empanelled Doctor free to undertake private practice which does not interfere with or is not in conflict (direct or indirect) with efficient discharge of its responsibility as an empanel Doctor for SAI.
12. While this document has been prepared in good faith, SAI shall have no responsibility or liability whatsoever in respect of any statements or omissions therein.

10. **SELECTION PROCESS**

- a. All candidates who full fill the eligibility criteria will be called for online interview.
- b. Information regarding date will be forwarded via email mentioned in the application form

APPLICATION FORM

1. Name (in block letters) :.....

2. Gender :.....

3. Date of Birth :.....

4. Father's/Husband :.....

5. Nationality :.....

6. Proof of identity :.....

7. Address(Permanent)
:.....
.....
.....
.....

Pin Code :.....

Contact No.& :.....

E-mail :.....

8. Address for correspondence

:.....
.....
.....
.....

Pin Code :.....

9. Qualification (s)

Year of Passing	Examination Passed	Name of College	University	Percentage of Marks/Division

Any other add. Qualification

10. Registration Number with KARNATAKA / State Council/ MCI and its validity (as applicable)

11. Details of Experience:

Title of the Position Held	Name of the Hospital/Institute	Date of Joining	Date of Leaving	No. of Years	Nature of duties performed with reference to the requirement

Any other

.....

Note: for all qualifications and experience. Please submit self-attested photocopies/ scanned copies.

12. Please attach your detailed CV

Name
Signature
Date

--CONCLUDED--