



# বাংলাদেশ ওভারসীজ এমপ্লয়মেন্ট এন্ড সার্ভিসেস লিমিটেড (বোয়েসেল)

(প্রবাসী কল্যাণ ও বৈদেশিক কর্মসংস্থান মন্ত্রণালয়ের নিয়ন্ত্রণাধীন জনশক্তি রপ্তানিকারক প্রতিষ্ঠান)

স্থাপিত-১৯৮৪



## জরুরি ভিত্তিতে মালদ্বীপে ডাক্তার নিয়োগ

বিজ্ঞপ্তি নং ১৯৮/২০১৬

তারিখ : ০৭.০৩.২০১৬ খ্রিস্টাব্দ।

বোয়েসেলের মাধ্যমে মালদ্বীপে Indira Gandhi Memorial Hospital (IGMH)- এর অধীনে নিম্নবর্ণিত পদে বাংলাদেশি ডাক্তার নিয়োগ করা হবে :

পদের নাম	সংখ্যা	বেতন ও অন্যান্য সুবিধাদি
1. Consultant In Medicine	৮	1. Consultant Basic Salary-\$3,047.99+ Service Allowance 2. Associate Specialist Basic Salary-\$1,915.69+ Service Allowance 3. Medical Officer Basic Salary-\$1,429.31+ Service Allowance 4. Accommodation Allowance Consultant & Associate Specialist -\$972.76 Medical Officer-\$453.96 5. Food Allowance Consultant & Associate Specialist -\$155.64 Medical Officer-\$116.73
2 Consultant In Sub Specialist In Nephrology	১	
3 Consultant In Respiratory Medicine	৩	
4 Consultant In t Endocrinologist	২	
5 Consultant In Rheumatologist	১	
6 Consultant In Oncologist	১	
7 Consultant In Hematologist	১	
8 Consultant In Infectiuos Disease Specialist	১	
9 Consultant In Obstetrics & Gynecology	৩	
10 Consultant In Anesthesiologist	৮	
11 Consultant In Pediatrics	৮	
12 Consultant In Orthopedics	২	
13 Consultant In Surgery	২	
14 Consultant In Urology	১	
15 Consultant In Gastroenterology	১	
16 Consultant In Neuro-Surgery	১	
17 Consultant In Ophthalmology	৪	
18 Consultant In Neurology	৪	
19 Consultant In ENT	৩	
20 Consultant In Radiology	৫	
21 Consultant In Maxilla Facial Surgery	১	
22 Consultant In Orthodontics	১	
23 Associate Specialist In Phychiatry	২	
24 Medical Officer	৩০	

### আবেদনের শর্তাবলি

- প্রার্থীর অবশ্যই পাসপোর্ট থাকতে হবে।
- এমবিবিএস ডিগ্রি এবং সংশ্লিষ্ট স্পেশালাইজেশন সার্টিফিকেট থাকতে হবে।
- বাংলাদেশ মেডিকেল কাউন্সিলের রেজিস্ট্রেশন সার্টিফিকেট (এমবিবিএস এবং স্পেশালাইজেশন) থাকতে হবে।
- অভিজ্ঞতার সার্টিফিকেট থাকতে হবে।
- এমবিবিএস ডিগ্রি সমাপনের পর এক বছর ইন্টার্নশিপ সার্টিফিকেট থাকতে হবে।
- প্রি-রেজিস্ট্রেশন ফরম পূরণ পূর্বক আবেদন করতে হবে।
- সাদা ব্যাকখাউন্ডে পাসপোর্ট সাইজের ছবি থাকতে হবে।

চাকরির Job Description ও অন্যান্য তথ্যাবলি [www.boesl.org.bd](http://www.boesl.org.bd) এ সংযুক্ত করা আছে

### বোয়েসেলের সার্ভিস চার্জ ও অন্যান্য সম্ভাব্য খরচ

নির্বাচিত প্রার্থীদের বোয়েসেলের নির্ধারিত সার্ভিস চার্জ বাবদ = ৭৩,০৫০/- (তিনাত্তর হাজার পঞ্চাশ) টাকা বোয়েসেল, ঢাকা- এর অনুকূলে সোনালী ব্যাংক, মগবাজার শাখা থেকে পে-অর্ডারের মাধ্যমে বোয়েসেল অফিসে জমা দিতে হবে।

আগ্রহী আবেদনকারীগনকে আগামী ২৪.০৩.২০১৬ খ্রিস্টাব্দ তারিখের মধ্যে জীবন বৃত্তান্ত, পাসপোর্টের অনুলিপি, BMDC সার্টিফিকেট, MMC Form এবং সকল শিক্ষাগত যোগ্যতার ও অভিজ্ঞতার সার্টিফিকেট সহ ইংরেজিতে আবেদনপত্র [cvboesl@gmail.com](mailto:cvboesl@gmail.com) - এ প্রেরণ করার জন্য অনুরোধ করা হলো। জীবন-বৃত্তান্তের উপরে পদের নাম উল্লেখ করতে হবে এবং একজন আবেদনকারী কেবল একটি পদে আবেদন করতে পারবেন। প্রার্থী নির্বাচন - সংক্রান্ত বিষয় পরবর্তীকালে প্রার্থীর প্রদত্ত মোবাইলে ফোন এবং বোয়েসেলের ওয়েব সাইটের মাধ্যমে জানানো হবে।

ব্যবস্থাপনা পরিচালক

### অফিস ঠিকানাঃ

প্রবাসী কল্যাণ ভবন (৫ম তলা)  
৭১-৭২ ইস্কাটন গার্ডেন (পুরাতন এলিফেন্ট রোড)  
রমনা, ঢাকা-১০০০  
বাংলাদেশ।

### যোগাযোগ নম্বরঃ

ফোন : +৮৮-০২-৯৩৪৫৭২৪ (এমডি)  
+৮৮-০২-৯৩৩৬৫০৮, ৯৩৬১৫১৫ ও ৯৩৬১১২৫ (পিএবিএক্স)  
ফ্যাক্স : +৮৮-০২-৮৩৫৬৫৭৭ ও ৯৩৩০৬৫২  
ইমেইল : [info@boesl.org.bd](mailto:info@boesl.org.bd), ওয়েবঃ [www.boesl.org.bd](http://www.boesl.org.bd)



QJ-MC/F/12/0057-0

**MALDIVES MEDICAL COUNCIL**  
MINISTRY OF HEALTH  
APPLICATION FOR PRE-REGISTRATION AT MALDIVES MEDICAL COUNCIL

SERIALNUMBER: 

IDENTIFICATION		
NATIONAL IDENTITY CARD NO:	PASSPORT NO:	<div style="border: 1px solid black; padding: 10px;">APPLICANT'S PHOTOGRAPH (passport size)</div>
FULL NAME (as shown in NIC/passport)		
FAMILY NAME:		
GIVEN NAME(S):		
REGISTRATION REQUIRED AS:		
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL:	
DATE OF BIRTH: DD/MM/YYYY	NATIONALITY:	
BASIC MEDICAL/DENTISTRY QUALIFICATION		
START DATE OF UNDERGRADUATE MEDICAL STUDIES: MM/YYYY	END DATE OF UNDERGRADUATE MEDICAL STUDIES (exclude period of internship): MM/YYYY	
NAME OF QUALIFICATION (as indicated on the degree awarded):	YEAR CONFERERD (as indicated on the degree): YYYY	LANGUAGE OF INSTRUCTION:
INSTITUTION:	COUNTRY:	
QUALIFICATION:	LISCENCINGAUTHORITY & COUNTRY:	
START DATE OF INTERNSHIP: MM/YYYY	END DATE OF INTERNSHIP: MM/YYYY	
NAME OF INSTITUTION WHERE INTERNSHIP WAS COMPELTED (if different from the institution where undergraduate medical education was completed):		
POSTGRADUATE MEDICAL/DENTISTRY QUALIFICATION		
START DATE OF POSTGRADUATE MEDICAL STUDIES: MM/YYYY	END DATE OF POSTGRADUATE MEDICAL STUDIES: MM/YYYY	
NAME OF QUALIFICATION (as indicated on the degree awarded):	YEAR CONFERERD (as indicated on the degree awarded): YYYY	LANGUAGE OF INSTRUCTION:
INSTITUTION:	COUNTRY:	
QUALIFICATION:	LISCENCING AUTHORITY & COUNTRY:	
ADDITIONAL QUALIFICATION		
START DATE OF STUDIES: MM/YYYY	END DATE OF STUDIES:MM/YYYY	
NAME OF QUALIFICATION:	YEAR CONFERERD (as indicated on the degree awarded): YYYY	LANGUAGE OF INSTRUCTION:
INSTITUTION:	COUNTRY:	
QUALIFICATION:	LISCENCING AUTHORITY &COUNTRY:	
LISCENCING EXAMINATION		
1. Have you attempted and passed a licensing examination before stated practice as a medical/dental practitioner? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. If Yes to (1), please provide information on the year license is obtained and the details of the examination passed. YYYY		
If no to (1) state reason		
3. Was your entire course of undergraduate medical studies completed in the same University / Medical College? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT DETAILS IN THE MALDIVES	
PROPOSED EMPLOYMENT:	
EMPLOYER NAME:	
EMPLOYER CONTACT NUMBER:	EMPLOYER EMAIL:
EMPLOYER ADDRESS:	
SUPPORTING DOCUMENTS	
Copies of the following documents are attached.	
<input type="checkbox"/> PASSPORT (DETAILS PAGE) <input type="checkbox"/> UNDERGRADUATE MEDICAL DEGREE <input type="checkbox"/> PROOF OF INTERNSHIP <input type="checkbox"/> TESTIMONIAL FROM DEAN/REGISTRAR <input type="checkbox"/> POSTGRADUATE MEDICAL DEGREE	<input type="checkbox"/> CERTIFICATE OF GOOD STANDING <input type="checkbox"/> CERTIFICATE OF REGISTRATION AT OTHER LICENSING AUTHORITY <input type="checkbox"/> ENGLISH LANGUAGE QUALIFICATION <input type="checkbox"/> LETTER OF VERIFICATION
DECLARATION	
I declare that all information provided herein is true to the best of my knowledge and I understand that falsifying information would result in legal action.	
NAME OF THE APPLICANT:	SIGNATURE OF APPLICANT: <span style="float: right;">DATE: DD/MM/YYYY</span>

PRE-REGISTRATION AT MALDIVES MEDICAL COUNCIL  
Document No: MMC/02/2012

Instructions to Applicants

1. Copies of the following original documents are to be sent to Maldives Medical Council (MMC) in support of application:
  - a. National Identity Card or Passport.
  - b. Undergraduate and postgraduate medical qualifications as applicable.
  - c. Documentary evidence of house job/internship with details on the period spent in each discipline (for those applicants having undergraduate qualification).
  - d. Certificate of Good Standing (CGS) issued by the medical licensing authority of the country where the doctor has been practising for the last 01 year prior to the application. The CGS received by MMC must not exceed 03 months from its issued date.
  - e. Certificates of registration with other medical licensing authorities.
  - f. For newly qualified applicants (less than 01 year of completion of training): An original testimonial from the Dean of the Medical School OR the Registrar of the University attesting to the applicant's character is required on to the item.
  
2. Medical Graduates are required to produce evidence of proficiency in English Language to the MMC if their basic medical qualifications are from medical schools where the medium of instruction is not in English. Test results obtained from the International English Language Testing System (IELTS) test OR the Test of English as a Foreign Language (TOEFL) within the minimum score stated here can be considered, subject to a validity period of 02 years based on the date of the test.
  - IELTS - at least 7 for overall score.
  - TOEFL - 250 marks for computer-based test or 600 marks for paper-based test or 100 marks for internet-based test.
  
3. In addition to items (1a),(1b),(1d) and (1e), applicants for temporary registration as visiting experts need to submit following to the Council, at least 1 week before registration:
  - a. Original letter from sponsoring healthcare institution registered in the Maldives stating the purpose of the visit of the expert and period required.
  - b. Original Letter of Verification (LV) of the visiting expert's field of specialty and/or expertise from the host institution of the expert.
  
4. Additional notes:
  - a. Documents in foreign language shall be submitted together with the certified English translations and original copies of the documents. The Maldives Medical Council will accept translation by (i) the institute that issued the original certificate (ii) any embassy or consulate of the country that issued the original certificate, (iii) relevant regulatory body of the country that issued the original certificate.
  - b. The Letter of Verification (LV) of a visiting expert's field of specialty and/or expertise (temporary registration) must be dated, contain information of doctor's name, degree or title conferred and must be issued by the Head of the respective clinical department OR the Chairman, Medical Board (or equivalent) of the host affirming the Visiting Expert's expertise.
  - c. All documentation submitted should be complete and legible. The Council will not process illegible, unclear or incomplete copies. Maldives Medical Council will not be responsible for delays that occur due to submission of illegible or incomplete documentation.
  - d. The MMC may also require the doctor to submit any other documents for evaluation of his/her application.
  
5. All supporting documentations must be submitted through the employer to the following address:
 

Secretariat  
 Maldives Medical Council  
 Ministry of Health  
 Roashanee Building  
 SosunMagu  
 Male', Maldives



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**SALARY DETAILS**

EXCHANGE RATE: 01 USD = 15.42 MVR (Maldivian Ruffiya)

**Specialized Doctors**

DESIGNATION	RANK	YEARS OF EXPERIENCE	BASIC SALARY (USD)	SERVICE (ALLOWANCE (USD)	ACCOMMODATION (ALLOWANCE (USD)	FOOD ALLOWANCE ((USD)
<b>SENIOR CONSULTANTS</b>	CS17-6	More than 08 years More than 16 years	\$3,047.99	<b>Routine duty \$22.5</b> <b>On call duty \$34.37</b> <b>(Dermatologist, Ophthalmologist, ENT Specialist &amp; Psychiatrists will get same amount ie, (\$22.5</b>  <b>Work hours are 08 hours a day 05 days a week</b>	<b>\$97.28 if accommodation cannot be provided by the hospital.</b> <b>Have to arrange accommodation by self.</b> <b>More details in accommodation policy</b>  <b>HMH and VHC \$64.85</b>	\$155.64
	CS17-5	Less than 08 years More than 16 years	\$2,944.23			\$155.64
	CS17-4	Less than 06 years More than 14 years	\$2,841.12			\$155.64
	CS17-3	Less than 04 years More than 12 years	\$2,634.24			\$155.64
	CS17-2	Less than 02 years More than 10 years	\$2,531.13			\$155.64
<b>CONSULTANTS (MD/MS or above)</b>	CS15-5	Less than 10 years	\$2,425.42			\$155.64
	CS15-4	Less than 08 years	\$2,322.31			\$155.64
	CS15-3	Less than 06 years	\$2,218.55			\$155.64
	CS15-2	Less than 04 years	\$2,113.49			\$155.64
	CS15-1	Less than 02 years	\$2,009.73			\$155.64
<b>ASSOCIATE SPECIALIST (PG Diploma)</b>	CS13-4	More than 12 years	\$1,915.69	\$155.64		
	CS13-3	Less than 09 years	\$1,823.61	\$155.64		
	CS13-2	Less than 06 years	\$1,729.57	\$155.64		
	CS13-1	Less than 03 years	\$1,638.13	\$155.64		

## Medical Officer/ Senior Medical Officers

DESIGNATION	RANK	YEARS OF EXPERIENCE	BASIC SALARY (USD)	SERVICE (ALLOWANCE (USD	ACCOMMODATION (ALLOWANCE (USD	FOOD ALLOWANCE ((USD
<b>SENIOR MEDICAL OFFICER</b> (< for MO exp. & > for SMO exp.)	CS14-5	More than 06 years More than 16 years	\$1,429.31	Per working \$13.29 day  Work hours are 08 hours a day 05 days a week Work performed in excess of 35 hrs goes for Overtime. (Rate is 1.25% of Basic (Salary	\$453.96 if accommodation cannot be provided by the hospital. Have to arrange accommodation by self. More details in accommodation policy	\$116.73
	CS14-4	Less than 06 years More than 16 years	\$1,366.41			\$116.73
	CS14-3	Less than 04 years More than 14 years	\$1,304.15			\$116.73
	CS14-2	Less than 02 years More than 12 years	\$1,247.08			\$116.73
<b>MEDICAL OFFICER</b>	CS12-5	Less than 10 years	\$1,190.01			\$116.73
	CS12-4	Less than 08 years	\$1,134.24			\$116.73
	CS12-3	Less than 06 years	\$1,078.47			\$116.73
	CS12-2	Less than 04 years	\$1,027.89			\$116.73
	CS12-1	Less than 02 years	\$978.60			\$116.73

## Specialist

DESIGNATION	RANK	YEARS OF EXPERIENCE	BASIC SALARY (USD)	SERVICE (ALLOWANCE (USD)	ACCOMMODATION (ALLOWANCE (USD)	FOOD ALLOWANCE ((USD
SENIOR CONSULTANT SUB SPECIALIS	CS18-5	More than 08 years More than 16 years	\$3,529.83	<b>Routine duty \$22.5</b> <b>On call duty \$34.37</b> <b>(Dermatologist, Ophthalmologist, ENT Specialist &amp; Psychiatrists will get same amount ie, (\$22.5</b>  <b>Work hours are 08 hours a day 05 days a week</b>	<b>\$972.76 if accommodation cannot be provided by the hospital.</b> <b>Have to arrange accommodation by self.</b> <b>More details in accommodation policy</b>  <b>HMH and VHC \$648.51</b>	\$155.64
	CS12-4	Less than 08 years More than 16 years	\$3,466.93			\$155.64
	CS18-3	Less than 6 years More than 14 years	\$3,403.37			\$155.64
	CS12-2	Less than 4 years More than 12 years	\$3,277.56			\$155.64
	CS18-1	Less than 02 years	\$3,214.66			\$155.64
CONSULTANT SUB SPECIALIS	CS16-5	More than 08 years	\$3,150.45			\$155.64
	CS16-4	Less than 08 years	\$3,087.55			\$155.64
	CS16-3	Less than 06 years	\$3,024.64			\$155.64
	CS16-2	Less than 04 years	\$2,959.79			\$155.64
	CS16-1	Less than 02 years	\$2,896.89			\$155.64

DESIGNATION	BASIC SALARY	ALLOWANCES				
		SERVICE	RISK	SHIFT	FOOD	ACCOMADATION
Physiotherapist	\$456.23	\$162.13	\$6.49 (per duty attended)	\$1.62 or \$2.92 (depending on shifts)	\$116.73	\$162.13
Radiographer	\$408.24	\$162.13	\$6.49 (per duty attended)	\$1.62 or \$2.92 (depending on shifts)	\$116.73	\$162.13