



## **BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE**

**Raisen Bypass Road, Karond, Bhopal – 462 038**

350 Bed Super- Specialty Hospital under Department of Health Research (MoH&FW), Govt. of India)

### **VACANCIES – MEDICAL OFFICER ON CONTRACTUAL BASIS**

**Advertisement No. 76/2018**

**WALK IN-INTERVIEW ON 18/09/2018 (TUESDAY)**

**at Conference Room, Block-VI of BMHRC, Bhopal**

**Reporting time: 09:00 a.m.**

Applications are invited purely on **temporary contract basis** at BMHRC, Bhopal from interested doctors who are willing to be empanelled as **Medical Officer on Contractual basis** for a period of **three months extendable further as per the requirement and discretion of the Competent Authority, and performance evaluation of the individual.**

01. **Duration of Contract**: Three months.
02. **Consolidated Monthly Remuneration** : Rs. 62,738/- per month
03. **Eligibility Criteria** : MBBS Degree (approved by MCI) from a recognized Medical College/ University who have completed their internship. Candidate must have/or applied with MCI/ M.P. State Medical Council. In case selected by BMHRC, they should register themselves with MP Medical Council.
04. **Age Limit** : upto 62 years relaxable up to 64 years in case of meritorious candidates. The upper age limit shall be determined as on **18/09/2018.**
05. **Job Requirement** ( Roles & Responsibilities ) : Various duties as Medical officer as assigned by the Director, BMHRC, Bhopal.
06. **Place of Duty** : The place of duty will be at BMHRC or its out reach health Centre, BMHRC, Bhopal

**NOTE** : (i) Interested applicants are required to download the APPLICATION FORM from the website [www.bmhrc.org](http://www.bmhrc.org) & bring the duly filled application form along with complete bio data with original certificates and testimonials along with the attested copies of the same for the Walk-in-Interview.

(ii) For Further details and any amendment/corrigendum please visit the above website

**Director, BMHRC, Bhopal**

## **GENERAL INSTRUCTIONS :**

- i) The Competent Authority reserve the right to make any amendment, cancellation and changes in this advertisement in whole or in part without assigning any reason.
- ii) The candidates are advised to ensure that they fulfill the eligibility criteria as mentioned in the advertisement before applying for the posts.
- iii) Crucial date for determination of eligibility with regards to Educational Qualification and Experience will be the date of walk-in-interview ( **i.e. on 18.09.2018** )
- iv) **Incomplete applications in any respect will not be considered.** Only applications in response to this advertisement on prescribed pro forma attached herewith will be considered.
- v) The candidate should ensure that they should be present at Conference Room, Block-VI of BMHRC, Bhopal ( **09:00 a.m.** ) on **18.09.2018** (date of Walk-in-interview).
- vi) All original documents of qualification, experience along with proof of date of Birth will have to be brought by the candidate at the time of walk in interview.
- vii) **Application Form (hard copy only)** should be accompanied by copies of necessary documents duly self attested **by the candidate.**
- viii) The candidates, who are employed in Central / State Government should submit a 'No Objection' certificate from their employer at the time of interview. In case, they do not furnish the same for some reasons or other, their candidature will not be considered.
- ix) Any canvassing by or on behalf of candidates or to bring political or other outside influence with regard to selection/recruitment will lead to disqualification.
- x) No correspondence or personal inquiries shall be entertained.
- xi) The appointment to the said post will be subject to physical fitness from the competent medical board for which he/she will be sent to designated medical authority by the Institution before joining the post.

### **IMPORTANT**

- \* Applicants should indicate the post applied for legibly on the first page of prescribed **“APPLICATION FORM”**.
- \* **JURISDICTION OF ANY DISPUTE**:- In case of any legal dispute the jurisdiction of the court will be Bhopal.
- \* **Application Form** can be downloaded which is attached herewith.
- **Application Form (hard copy only)** should be accompanied by copies of necessary documents (duly self attested) along with originals and should be submitted in person on **18.09.2018** to the office of the Director, BMHRC, Bhopal.

**Director, BMHRC, Bhopal**

**APPLICATION FORM**

**BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE**  
 Raisen Bypass Road, Karond, Bhopal – 462038  
 (A 350 Bed Super-Specialty Hospital Under Department of Health Research (MoHFW), Govt. of India)

Affix a  
recent  
Pass Port  
Size  
Photograph

**Walk – in – Interview on 18.09.2018**

**Advt. No. 76/2018**

**Application for the Post of Medical Officer on Contractual Basis**

***Tick the Applicable Category***

General  Scheduled Caste  Scheduled Tribe  Other Backward Class

Physically Handicapped (PH)

VH	HH	OH

(Enclose proof of Caste Certificate issued by a Competent Authority)

1. Name of the Applicant : \_\_\_\_\_

2. Sex : Male / Female (tick applicable word)      Marital Status : Married / Unmarried

3. Father's/Mother's Name : \_\_\_\_\_

4. Spouse Name : \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_ (in words) \_\_\_\_\_

6. Age as on **18.09.2018**

Years	Months	Days
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7. Present Address : \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

e-mail : \_\_\_\_\_

8. Permanent Address : \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

9. Nationality : \_\_\_\_\_

Contd...

10. Permanent MCI / State Medical Council Registration No. :

MBBS : Registration No. \_\_\_\_\_ Place \_\_\_\_\_

11. Educational Qualification: (Enclose photocopies of degree/ diploma certificates & mark sheets)

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	No. of Attempts	Month & Year of Passing	College & University	Award / Distinction
MBBS I Prof.							
II Prof.							
Final (Part-I)							
Final (Part-II)							
Total of all MBBS Exams							

12. Experience : ( Enclose copies of Work Experience Certificates ) if any

Name of the Present/ Previous Employer & Address /Contact Nos.	Present/ Previous Post	Period		Nature of Work
		From	To	

( Use separate sheet if space is inadequate )

**13. Experience :** ( Enclose copies of Work Experience Certificates )

Name of the Present & Previous Employer with Address /Contact Nos.	Present/ Previous Post	Period		Nature of Work
		From	To	

( Use separate sheet if space is inadequate )

**14. Name and address of two referees knowing the applicant's work :**

Name	Occupation or Position	Address with telephone No. & e-mail

**15. Details of relatives in BMHRC if any :**

Name	Post & Department	Telephone No. & e-mail

**16. Declaration : ( Only for OBC category candidates)**

"I, \_\_\_\_\_ son/daughter of Shri. \_\_\_\_\_ resident of \_\_\_\_\_ Village/town/City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ hereby declare that I belong to the \_\_\_\_\_ Community which is recognized as backward class by the Government of India for the purpose of reservation in service as per orders contained in the Department of Personnel and Training Office Memorandum No. 36012/22/93-Rest. (SCT) dated 8.9.1993. It is also declared that I do not belong to persons/ sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8.9.1993 and its subsequent revision through OM No. 36033/3/2004-Estt.(Res) dated 9.3.2004 and 14.10.2010 and OM No. 36033/01/2013-Estt.(Res.) dated 27.05.2013.

**17. Any other information you wish to add :**

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18. Check List : ( Please tick in the box given below as proof of enclosures. All Certificates must be self attested and be attached in the following order :

- (i) Certificate in support of age (10<sup>th</sup> class passing certificate) →
- (ii) Certificate in support of educational qualifications. →
- (iii) Medical Registration Certificate with DMC / State Medical Council →
- (iv) MBBS Passing Certificate and mark sheets. →
- (v) Internship completion certificate. →
- (vi) Undergraduate attempt Certificate →
- (vii) Cast/community/disability certificate where applicable. →
- (viii) OBC certificate only as per Annexure II with required validity as mentioned at para 5(b) above. →
- (ix) Experience certificate (if any) →
- (x) No objection certificate (if any) →

**DECLARATION**

I, \_\_\_\_\_ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information is concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated."

Place : \_\_\_\_\_  
Date : \_\_\_\_\_

.....  
(Signature of the applicant )  
Full Name : \_\_\_\_\_

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