



भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र, भोपाल

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
DEPARTMENT OF HEALTH RESEARCH, MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA
रायसेन बायपास रोड, भोपाल- 462 038 (म.प्र.) Raisen Bypass Road, Bhopal - 462 038 (M.P.)

Phones:- +91 755 2742212-16, FAX:- +91 755 2748309, Email: bmhrcbhopal@gmail.com, Website : www.bmhrc.org

VACANCY- LAB TECHNICIAN ON CONTRACTUAL - ONE (01)

Last date of Receipt of Application : 01/10/2018.

Adv. No.78/BMHRC/Admin./Res.project/2018/01

Bhopal Memorial Hospital & Research Centre for the **PROJECT** titled “Quality Assurance of biodosimetry laboratory, capacity building and to establish baseline for cytogenetic parameters” position under **Defence Research & Development Organisation (DRDO) funded project**, proposes to fill up the above vacancy purely on temporary & contractual basis.

Applications are invited for the above vacancy on the terms and conditions as given below:-

Sl. No	Minimum Qualification	Desirable Experience	Job specialization / responsibilities	Consolidated emoluments
1	M.Sc. (Biotechnology) or equivalent Degree in the Life Sciences.	One year experience in Molecular Biology/ mammalian cell culture. Experience in cytogenetic tools and techniques. Computer Skills	Technician is expected to assist in daily laboratory activity and maintenance, management of records and other routine activities of the facility.	Rs.18000/- per month fixed.

2. Age Limit : Not more than 32 years on closing date. The upper age limit shall be determined on 01/10/2018.

3. Tenure appointment : Initially for one year, extendable for further period subject to satisfactory performance and continuation of the project.

4. Consolidated Emoluments : Rs.18000/- per month fixed.

5. No TA/DA is admissible for the interview.

6. The appointee will not be granted any claim or right for regular appointment to any post.

7. The appointee shall be on the whole time appointment of the institution and shall not accept any other appointment, paid or otherwise and shall not engage himself/herself in private practice of any kind during the period of contract.

Contd..

General Instructions :

- 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.
- **The candidates are advised to ensure that they fulfill the eligibility criteria as mentioned in the advertisement before applying for the post.**
- **Crucial date for determination of eligibility with regards to Educational Qualification and Experience will be the closing date of the application i.e. 01/10/2018.**
- Candidates are advised in their own interest to apply much before the closing date and should not wait till the last date.
- In case the last date of receipt of application is declared holiday, the last date for receipt of the application will be considered as next working day.
- Incomplete applications in any respect will not be considered. All previous applications received in this hospital are treated as cancelled and only application in response to this advertisement on prescribed pro forma attached herewith will be considered.
- It is not obligatory on the part of the Hospital to call for interview every candidate who possess the essential qualifications. The competent authority reserves the right to shortlist candidates on the basis of higher qualification/ years of experience in the subject. The decision of the Director, BMHRC will be final in this regard.
- The interview call letters, if short listed, shall be sent by speed/ registered post. However, the Hospital shall not be responsible for any postal delay/lapse, whatsoever.
- Any canvassing by or on behalf of candidates or to being political or other outside influence with regard to selection/recruitment will lead to disqualification.
- No correspondence or personal inquiries shall be entertained.
- The appointment to the said post will be subject to physical fitness from the competent medical board for which he will be sent to designated medical authority by the Institution before joining the post.
- No TA/DA is admissible for the Interview.
- The appointee will not be granted any claim or right for regular appointment to any post.

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- The appointee shall be on the whole time appointment of the institution and shall not accept any other appointment, paid or otherwise and shall not engage himself / herself in private practice of any kind during the period of contract.

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.
- **APPLCIATION FORM** can be downloaded which is attached herewith.

Application Form (hard copy only) should be accompanied by copies of necessary documents (Duly self attested) and should be submitted in person or by post to the office of **Director, BMHRC, Bhopal** on the above mentioned address **latest by 01/10/2018**, along with non refundable Demand Draft of Rs.500/- for un-reserved & OBC candidates, issued after the date of advertisement, drawn on a scheduled bank in India, in favour of Bhopal Memorial Hospital and Research Centre, Bhopal payable at Bhopal. SC/ST candidates and Persons with disability (PWD) candidates are exempted.

Director
BMHRC

Note :- 1. Application Form & further details attached.
2. For any further amendment/corrigendum please visit the website.

Bhopal Memorial Hospital & Research Centre
Raisen Bypass Road, Karond, Bhopal-462038 (MP)
(Under Department of Health Research), Govt. of India)
APPLICATION FORM

Affix a
recent
Pass Port
Size
Photograph

Advt. No.78 /BMHRC/Admin./Res.project/2018/01

Application for the project titled Quality Assurance of biodosimetry laboratory, capacity building and to establish baseline for cytogenetic parameters” position under Defence Research & Development Organisation (DRDO)

Application for the Post of : **Lab Technician (Contractual)**

<u>Details of Demand Draft</u>	<u>Tick the Applicants Category</u>
DD No. <input style="width: 100px;" type="text"/> Date : <input style="width: 100px;" type="text"/>	General <input type="checkbox"/> Scheduled Caste <input type="checkbox"/>
Amount : <input style="width: 100px;" type="text"/>	Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/>
Name of the Bank : <input style="width: 150px;" type="text"/>	(Enclose proof of Caste Certificate issued by Competent Authority)

1. Name of the Applicant : _____
2. Sex : Male / Female (tick applicable word) Marital Status : Married / Unmarried
3. Father's Name : _____
4. Name of the Spouse : _____
5. Date of Birth : _____
6. Age as on **01/10/2018**

Year	Months	Days
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7. Present Address : _____
: _____
: _____
Mobile No. _____
Email : _____
8. Permanent Address : _____
: _____
: _____ Telephone No. _____
Mobile No. : _____

Contd..

9. Nationality : _____

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

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Month & Year of Passing	College & University	Awards/ Distinction

11. Current Activities :

12. 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)

contd...

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

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

14. Any other information you wish to add :

15. 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 (10th) _____ →
- (ii) Mark Sheet of 10+2 . _____ →
- (iii) UG Degree (Certificate & Mark sheets) _____ →
- (iv) PG Degree (Certificate & Mark sheets) _____ →
- (v) Experience Certificate _____ →
- (vi) SC/ST/OBC Certificate in prescribed format of Govt. of India _____ →
- (vii) No Objection Certificate (if the candidate is already in the service _____ →

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 _____