

भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र
BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE
Raisen Bypass Road, Karond, Bhopal – 462 038
(A 350 Bed Super- Specialty Hospital under Department of Health Research (MoH&FW), Govt. of India)

Advertisement No: BMHRC/Bhopal/2019/04

Date: 04 July 2019

ROLLING ADVERTISEMENT FOR THE POST OF
CONTRACTUAL ASSISTANT PROFESSOR

I Applications are invited on Contract Basis from interested doctors including those who have retired from (Central/State Government services) who are willing to be empanelled as **Contractual Assistant Professor** for a period of One year or till the permanent post is filled up by a regular incumbent whichever is earlier. **The appointment will be as per the available vacancy.**

II Name of the post: **Contractual Assistant Professor** for the departments mentioned below :

Anaesthesia	GI Surgery	Neurosurgery	Pulmonary Medicine
Cardiology	Microbiology	Ophthalmology	Radiology
CTVS	Nephrology	Pathology	Surgical Oncology
GI Medicine	Neurology	Psychiatry	Transfusion Medicine

III **The aspiring applicants satisfying the eligibility criteria in all respect can submit their application form (Annexure-B) along with the following documents in hard copies by speed post / by hand to the below mentioned address:**

- * Certificate in support of age (10th)
- * Mark Sheet of MBBS(All Profs)
- * Degree of MBBS
- * Internship completion Certificate
- * Degree of concerned specialty
- * Degree of DM/M. Ch.
- * Registration with MCI/ State Medical Council
- * SC/ST/OBC/PH certificate in prescribed format of Govt. of India
- * Experience Certificate (if any)
- * No Objection Certificate (if the candidate is already in Service)

The Director
Bhopal Memorial Hospital and Research Centre
Administrative Block, Raisen Bypass Road,
Karond, Bhopal – 462038 (M.P.)

(The envelope containing the hard copy of application form must be super scribed as “Application for the post of Contractual Assistant Professor in Department of _____”)

Contd..

IV **Monthly Remuneration: Rs.1,00,000/- per month**

V **Eligibility Criteria: Separate sheet attached as ANNEXURE- A**

Candidate must have/or applied for Additional Registration for PG Degree/ PG Diploma with MCI/ M.P. State Medical Council.

VI **Criteria of Selection :**

i) **Marks based on the qualification :**

- a) Marks for percentage of marks (MBBS) : 55% - 64.99 %=2 Marks
65%-74.99%= 3 Marks
75% & and above= 5 Marks
- b) Gold Medal : 05 Marks Each (Maximum 10 Marks)
- c) Marks for Experience : 02 Marks for each complete year (Max.10 Marks)
(After obtaining first Post Graduate Degree)

ii) **Marks of interview (out of 75)**

VII **Job Requirement (Roles & Responsibilities):** Various duties as **Assistant Professor** as assigned by the HOD of the concerned department /Director, BMHRC, Bhopal.

VIII **Place of Duty :** The place of duty will be at BMHRC, Bhopal

IX **Age Limit** up to 62 years relaxable up to 64 years in case of meritorious candidates.

X **Duration of Contract:**

The individual will be initially engaged for a period of **one year** or till the permanent post is filled up by a regular incumbent whichever is earlier

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** Vacancies may increase or decrease at the time of interview by the orders of the competent authority. The vacancies indicated as above are provisional and includes anticipated vacancies. This is subject to change without any notice.
- iv** **Crucial date for determination of eligibility with regards to Educational Qualification and Experience will be the date of interview.**
- v** The interested applicants may submit their candidature as per the attached application form (Annexure-B) along with all relevant documents as mentioned above in point no. III at any point of time. Application Form (hard copy only) should be accompanied by copies of necessary documents duly self attested by the candidate for verification on the date of Interview
- vi The applications submitted shall be evaluated by the competent authority and if found eligible they shall be called for interview as and when requirement arises.
- vii The interview call letters shall be sent by speed post/email however the hospital shall not be responsible for any postal delay/ lapse, whatsoever.
- viii 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.
- ix Other service conditions will be applicable as per service condition prescribed from time to time by the Government of India
- x All original documents as mentioned above in point no. III will have to be brought by the candidate at the time of interview for verification
- xi 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
- xii Inter hospital / Inter Institutional transfer shall not be permitted.
- xiii 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.

Contd..

- xiv The candidates must submit the application in the prescribed form and paste recent passport size photograph on it. All the documents must be self-attested including his/her photograph on the application form.
- xv No correspondence or personal inquiries shall be entertained.
- xvi The competent authority reserves the right to verify the authenticity of the certificates submitted. If found incorrect, the candidature will be cancelled without any further notice
- xvii 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.
- xviii **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 to the office of the Director, BMHRC, Bhopal.
- xix The candidates are advised see the hospital website (www.bmhrc.org) frequently for any amendment OR corrigendum.

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 as **Annexure B**

For Further details and any amendment/corrigendum please visit the above website.

**Director,
BMHRC, Bhopal**

ANNEXURE – A

Essential Qualification :

(i) A recognized Bachelor of Medicine and Bachelor of Surgery (MBBS) degree.	
(ii) Post Graduate Degree in the specialty or super specialty in the following courses namely :	
Anaesthesia	MD (Anaesthesiology) or MS (Anaesthesiology)
Cardiology	DM (Cardiology)
CTVS	M.Ch (CTVS) or M.Ch (Thoracic Surgery) or M.Ch (Cardio Surgery) or M.Ch (Vascular Surgery)
Gastro Medicine	DM (Medical Gastroenterology) or DM (Gastroenterology) or MD (Medicine) or MD (Pediatrics) with 2 yrs. special training in Gastroenterology.
Gastro Surgery	M.Ch (Surgical Gastroenterology) or MS (Surgery) with two years special training in Surgical Gastroenterology.
Microbiology	MD (Bacteriology) or MD (Microbiology) or MBBS with M.Sc.(Medical Bacteriology) or M.Sc. (Medical Microbiology) or Ph.D. (Medical Bacteriology) or M.Sc. (Medical Bacteriology) with Doctor of science (Medical Bacteriology) or M.Sc. (Medical Microbiology) with Ph.D. (Medical Microbiology) or M.Sc. (Medical Microbiology) with Doctor of Science (Medical Microbiology).
Nephrology	DM (Nephrology)
Neurology	DM (Neurology)
Neurosurgery	M.Ch (Neurosurgery)
Ophthalmology	MS (Ophthalmology) or MD (Ophthalmology)
Pathology	MD (Pathology) or Ph.D. (Pathology) or Doctor of Science (Pathology)
Psychiatry	MD (Psychiatry) or MD (Psychological Medicine) or MD in Medicine with Diploma in Psychological Medicine or Diploma in Psychiatry (Edin.) of two years course or Diploma in Psychiatry (Mc.Gill) University, Montral, Canada of two years course.
Pulmonary Medicine	MD (Tuberculosis) or MD (Tuberculosis & Respiratory Diseases) or MD (Medicine) with Diploma in Tuberculosis diseases or Diploma in Tuberculosis & Chest Diseases or MD (Tuberculosis & Chest Diseases)
Radiology	MD (Radio-diagnosis) or MD (Radiology) or MS (Radiology)
Surgical Oncology	M.Ch (Surgical Oncology) or MS or MS (Ear, Nose, Throat) or MS (Orthopedics) or MD (Obstetrics and Gynecology) with two years special training in Surgical Oncology.
Transfusion Medicine	DM (Immunology) or MD (Immuno Hematology and Blood Transfusion) or MD (Pathology or Bacteriology or Hematology) with two years teaching experience or special training in the department of Immuno Hematology and Blood Transfusion.
(iii) At least three years teaching experience as Senior Resident or Tutor or Demonstrator or Registrar in the concerned specialty or super specialty in a recognized teaching institution, after obtaining the first post graduate degree.	

ANNEXURE- B

APPLICATION FORM

BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE

Raisen Bypass Road, Karond, Bhopal-462038 (MP)

(Under Department of Health Research (MoH&FW), Govt. of India)

Affix a
recent
Pass Port
Size
Photograph

BMHRC/Bhopal/2019/04

Application for the Post of : **Contractual Assistant Professor**

Name of the department: _____

Category (Tick the Applicable Word)

General Scheduled Caste Scheduled Tribe Other Backward Class

Physically Handicapped

(Enclose proof of Caste Certificate issued by Competent Authority)

1. Name of the Applicant : _____

2. Sex : Male Female Marital Status : Married Unmarried

3. Father's Name : _____

4. Name of the Spouse : _____

5. Date of Birth : _____

6. Age as on _____ :

Days	Months	Years
------	--------	-------

7. Present Address : _____
: _____
; _____

Telephone No. _____ Mobile : _____

Email _____

8. Permanent Address : _____

: _____

; _____

Telephone No. _____ Mobile : _____

Email _____

9. Nationality : _____

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

Examination	Maximum Marks	Marks Obtained	% of Marks	Month & Year of Passing	Name of the College & University	Award / Distinction
MBBS 1 st Prof.						
MBBS 2 nd Prof.						
MBBS Final (Part-I)						
MBBS Final (Part-II)						
Total of all MBBS Exams						
MD/MS in _____						
DM / M.Ch _____						
PG Degree in other specialty _____						

11. Permanent MCI/ State Medical Council Registration Details :

Name of the Medical Council: _____

MBBS Registration No. _____ Place _____

Post PG Registration No. : _____ Place _____

DM /M.Ch Registration No. : _____ Place _____

12. Current Activities:

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

Contd. ...

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 :

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 th) | <input type="checkbox"/> |
| (ii) Mark Sheet of MBBS(All Profs)..... | <input type="checkbox"/> |
| (iii) Degree of MBBS..... | <input type="checkbox"/> |
| (iv) Internship completion Certificate..... | <input type="checkbox"/> |
| (v) Degree of concerned specialty | <input type="checkbox"/> |
| (vi) Degree of DM / M. Ch. | <input type="checkbox"/> |
| (vii) Registration with MCI/ State Medical Council | <input type="checkbox"/> |
| (viii) SC/ST/OBC/PH certificate in prescribed format of Govt. of India | <input type="checkbox"/> |
| (ix) Experience Certificate (if any) | <input type="checkbox"/> |
| (x) No Objection Certificate (if the candidate is already in Service..... | <input type="checkbox"/> |

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 :