



भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

(A 350 Bed Super- Specialty Hospital, Under Department of Indian Council of Medical Research(ICMR),
Department of Health Research (MoH&FW), Govt. 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.ac.in



Adv. No. 92/2020

Date: 21/09/2020

VACANCIES ON CONTRACTUAL BASIS

- I. Applications are invited for the engagement of Contractual Scientist-B (Medical) for working as duty doctor for COVID- 19 at Bhopal Memorial Hospital & Research Centre, Bhopal initially for a period of three months and extendable further as per the requirement and discretion of the competent authority.

S.No.	Contract Position	No. of Vacancy
1	Contractual Scientist-B (Medical)	20 nos.

- II. The aspiring applicants satisfying the eligibility criteria in all respect can submit their application form (Annexure-A) duly filled with self attested copies of all credentials in support of educational qualifications, age, caste/community & affixing a colour passport size photograph on the application form in hard copies by speed post / by hand to the below mentioned address **latest by 06/10/2020**.

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 _____ at BMHRC”)

For further details and any amendment/ corrigendum please visit the www.bmhrc.ac.in.

- III. **Monthly Consolidated Remuneration Rs. 61,000/- + HRA Rs.5250 = Total Rs.66,250/-.**
- IV. **Eligibility Criteria & Experience: MBBS degree (approved by MCI) from a recognized medical college who have completed their internship with 1 year experience. Candidate must have/or applied with MCI/MP State Medical Council.**
- V. **Criteria of Selection: By interview.**
- VI. **Job Requirement (Roles & Responsibilities): Working as duty doctor for COVID-19 area of BMHRC, Bhopal and duties as assigned by the Head of the Department/ Director, BMHRC, Bhopal.**
- VII. **Upper Age Limit – 35 years.**

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GENERAL INSTRUCTIONS:

- I. The Competent Authority reserves 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 interview.
- IV. **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 the Director, BMHRC, Bhopal on above mentioned address **latest by 06 October 2020**. Covers containing applications must be super scribed in bold letters as **APPLICATION FOR THE POST OF CONTRACTUAL SCIENTIST-B (MEDICAL)**.
- V. The applications submitted shall be evaluated by the competent authority and if found eligible they shall be called for interview.
- VI. The list of shortlisted candidate eligible for interview will be uploaded on BMHRC website (www.bmhrc.ac.in) therefore, candidates are advice to visit the institute website frequently for any amendment OR corrigendum.
- VII. 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.
- VIII. Other service conditions will be applicable as per service condition prescribed from time to time by the Government of India
- IX. All original documents will have to be brought by the candidate at the time of interview for verification
- X. 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
- XI. Inter hospital / Inter Institutional transfer shall not be permitted.
- XII. 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.
- XIII. 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.
- XIV. No correspondence or personal inquiries shall be entertained
- XV. 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.

- XVI. 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.
- XVII. The candidates are advised see the hospital website (www.bmhrc.ac.in) frequently for any amendment OR corrigendum.
- XVIII. No traveling allowance will be paid for appearing for examination/Interview/ verification/ appointment.
- XIX. Candidates are advised in their own interest to apply much before the closing date and should not wait till the last date.
- XX. Applications received late, unsigned will not be entertained. The Hospital will not be responsible for late receipt of application due to postal delay.
- XXI. 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.
- XXII. Tax will be deducted at source on monthly basis.

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

**Director,
BMHRC, Bhopal**

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Adv. No. 92/2020

Dated: 21/09/2020

Application for the Post of: i) Contractual Scientist -B (Medical)
 (Please tick the post applied for)

Affix a recent
Pass Port Size
Photograph

<u>Tick the Applicable Category</u>		
General	<input type="checkbox"/>	Scheduled Caste
Scheduled Tribe	<input type="checkbox"/>	Other Backward Class
Physically Handicapped (PH)	<input type="checkbox"/>	
<small>(Enclose proof of Caste Certificate issued by a Competent Authority)</small>		

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: **06/10/2020**

Year	Months	Days
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7. Present Address : _____
- : _____
- : _____

Mobile No. _____

Email : _____

8. Permanent Address : _____
- : _____
- : _____ Telephone No. _____
- Mobile No. : _____

9. Nationality: _____

10. Educational Qualification: (Enclose photocopies of degree & 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)

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:

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: _____