

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 Raisen Bypass Road, Bhopal - 462 038 (M.P.)  
Phones:- +91 755 2742212-16, FAX:- +91 755 2748309, Email: [bmhrcbhopal@gmail.com](mailto:bmhrcbhopal@gmail.com), Website : [www.bmhrc.ac.in](http://www.bmhrc.ac.in)

**Advertisement No: 107/BMHRC/Bhopal/2022**

Date: 31.01.2022

**VACANCY**  
**CONSULTANT ASSISTANT PROFESSOR– MICROBIOLOGY (01)**  
**LAST DATE FOR SUBMISSION OF APPLICATION : 15/02/2022**

**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 **CONSULTANT ASSISTANT PROFESSOR (MICROBIOLOGY) to be engaged on contractual basis** for a period upto December 2022 or till the post is filled on regular basis, whichever is earlier.

**II.** The aspiring applicants satisfying the eligibility criteria in all respect can submit their application form (Annexure-A) along with the following documents in hard copies in person or by post to the office of the Director, BMHRC, Bhopal on above mentioned address **latest by 15/02/2022.**

- \* Certificate in support of age (10<sup>th</sup>)
- \* Mark Sheet of MBBS (All Profs)
- \* Degree of MBBS
- \* Internship completion Certificate
- \* Degree of concerned specialty
- \* PG Degree of concerned specialty
- \* 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.)

Contd..

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

**IV Eligibility Criteria**

i) A recognized Bachelor of Medicine and Bachelor of Surgery (MBBS) degree.

ii) Post Graduate Degree in the specialty or super specialty in 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).

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.

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

**V Criteria of Selection: By Interview**

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)

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

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

VII Age Limit up to 62 years relaxable up to 64 years in case of meritorious candidates as on 15/02/2022.

VIII No TA/DA is admissible for the interview.

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

X. 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.

### **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. Mere fulfilling the essential qualification does not guarantee the selection.**
- (iii) Crucial date for determination of eligibility with regards to Educational Qualification and Experience will be the closing date of application **i.e. 15/02/2022.** **Cut-off date for age limit will be as on the date of last date for submission of applications.**
- (iv) Candidates are advised in their own interest to apply much before the closing date and should not wait till the last date.
- (v) 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.
- (vi) 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.
- (vii) Inter hospital / Inter Institutional transfer shall not be permitted.
- (viii) **Incomplete applications in any respect will not be considered.** All previous applications received in this hospital are treated as canceled and only application in response to this advertisement on prescribed pro forma attached herewith will be considered.
- (ix) **Applications received within the stipulated date, time and complete in all respects will only be screened by the screening committee of BMHRC to shortlist candidates. Applications received late and unsigned will not be entertained. The Hospital will not be responsible for late receipt of application due to postal delay.**
- (x) 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.
- (xi) No TA/DA will be paid to attend interview / personal discussion and candidates have to arrange transport/ accommodation themselves.
- (xii) The interview call letters, if short listed, shall be sent by email / speed post. However, the Hospital shall not be responsible for any postal delay/lapse, whatsoever.
- (xiii) The list of the short listed candidates, eligible for interview will be uploaded on BMHRC website [www.bmhrc.ac.in](http://www.bmhrc.ac.in) . Therefore, candidates are advised to visit the institutes website frequently.
- (xiv) 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. Submission of wrong or false information during the process of selection shall disqualify the candidature at any stage.

- (xv) No correspondence or personal inquiries shall be entertained.
- (xvi) **As the engagement of Consultant would be on full-time contract basis they would not be permitted to take up any other assignment either part time or full time during the period of consultancy.**
- (xvii) **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:**
- \* Certificate in support of age (10<sup>th</sup>)
  - \* Mark Sheet of MBBS (All Profs)
  - \* Degree of MBBS
  - \* Internship completion Certificate
  - \* Degree of concerned specialty
  - \* PG Degree of concerned specialty
  - \* 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)

#### **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 as **Annexure-I**.

**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 15/02/2022**

Director  
BMHRC, Bhopal

- Note: 1. Application Form attached herewith.**  
**2. For any further amendment / corrigendum please visit the above website.**

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107/BMHRC/Bhopal/2022

**APPLIED FOR THE POST OF CONSULTANT ASSISTANT PROFESSOR – MICROBIOLOGY**

**Tick the Applicants Category**

General  Scheduled Caste   
Scheduled Tribe  Other Backward Class   
(Enclose proof of Caste Certificate issued by Competent Authority)

Affix a  
recent  
Pass Port  
size

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 2022

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/diploma certificates & mark sheets)

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

**11. Permanent MCI/ State Medical Council Registration Details :**

Name of the Medical Council: \_\_\_\_\_

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

Post PG Registration No. : \_\_\_\_\_ Place \_\_\_\_\_

**12. Current Activities:**

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**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:**

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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:**

- \* Certificate in support of age (10<sup>th</sup>)
- \* Mark Sheet of MBBS (All Profs)
- \* Degree of MBBS
- \* Internship completion Certificate
- \* Degree of concerned specialty
- \* Degree of M.Ch./DNB CTVS
- \* 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)

**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:**