

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

Raisen Bypass Road, Karond, Bhopal – 462 038

(A 350 Bed Super-Specialty Hospital under Indian Council of Medical Research (ICMR),
Department of Health Research, Ministry of Health & Family Welfare, **Govt. of India**)

Advt. No. 10/2014

VACANCIES

SENIOR RESIDENTS

Last date of Receipt of Application : 28/07/ 2014

INTERVIEW ON : 06/08/ 2014 at 11:00 a.m.

Reporting Time : 10:00 a.m.

Applications on prescribed forms are invited from the Indian Citizens for the following posts.

SENIOR RESIDENTS :-

Discipline	Qualification	Total No. of Posts Vacant	SC	ST	OBC	UR
Medicine Group	MD/DNB in Medicine	3	0	0	1	2
Pulmonary Medicine	MD/DNB in Pulmonary Medicine	2	0	0	0	2
Radiology	MD/DNB in Radiology	2	0	0	0	2
Surgery Group	MS/DNB in Surgery	1	0	0	0	1
Transfusion Medicine	MD/DNB in Transfusion Medicine	1	0	0	0	1

Candidates with Diploma, will only be considered if PG Degree candidates are not available.

Note : Vacancies may increase or decrease at the time of interview .

Reservation for persons with disability will be available as per Govt. Rules.

Shortlisted candidate list will be available on website.

Director, BMHRC

Note : 1. Application Form & further details attached.

2. For any further amendment/corrigendum please visit the website.

- **SENIOR RESIDENTS :-**
- **Eligibility Criteria :**
MBBS with Postgraduate Degree (approved by MCI) in the concerned specialty.
- Note:- Candidates with Diploma, will only be considered if P.G. Degree candidates are not available.
- **Registration :** Candidate must have/or applied for Additional Registration for PG Degree/ PG Diploma with MCI/ M.P. State Medical Council.
- **Pay Scale :** PB-3 (15600-39100) + GP of Rs.6600 + 25% NPA + other admissible allowances
- **Upper Age :** 33 yrs. (Relaxable upto 5 years for SC/ST & 3 years for OBC candidates (not belonging to creamy layer) in accordance with the instructions issued by the Department of Personnel and Training from time to time in this regard). The Upper age limit shall be determined as on **i.e. 28/07/2014.**

Tenure : The tenure of Senior Resident is for **Three Years** including any service rendered as Senior Resident earlier on adhoc/ regular basis in any Govt. of India / State Government hospital. The appointment will be initially for a period of one year, which could be extended for a period of three years on an annual basis subject to the satisfactory work & conduct report from the concerned HOD.

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 posts.
- 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.

- Crucial date for determination of eligibility with regards to Educational Qualification, Age and Experience will be the closing date of application **i.e. 28/07/2014**.
- 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 canceled and only application in response to this advertisement on prescribed pro forma attached herewith will be considered.
- Applications received late, unsigned and or without fee will not be entertained. The Hospital will not be responsible for late receipt of application due to postal delay.
- 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.
- Candidates serving in Govt./ Autonomous bodies should apply Through Proper Channel.
- The candidates, who are employed 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 straight away be rejected.
- Other service conditions will be applicable as per service condition prescribed from time to time by the ICMR/ Govt. of India.
- 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.

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 attested by a Gazetted Officer) and should be submitted in person or by post to the office of the Director, BMHRC, Bhopal on above mentioned address latest by **28/07/2014** along with non refundable Demand Draft of Rs.500/- for General & OBC Candidates and Rs.300/- for SC/ST candidates, drawn in favour of “Bhopal Memorial Hospital & Research Centre” and payable at Bhopal, purchased after the date of advertisement.

Director ,BMHRC

APPLICATION FORM

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

Raisen Bypass Road, Karond, Bhopal – 462038

(A 350 Bed Super- Specialty Hospital Under Department of Indian Council of Medical Research (ICMR), Department of Health Research (MoHFW), Govt. of India)

Affix a recent
Pass Port Size
Photograph

Advt. No. /2014

Application for the Post of : **SENIOR RESIDENTS** (.....Department)

<u>Details of Demand Draft</u>	<u>Tick the Applicable Category</u>
DD No <input type="text"/> Date <input type="text"/>	General <input type="checkbox"/> Scheduled Caste <input type="checkbox"/>
Amount <input type="text"/>	Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/>
Name of the Bank <input 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/Mother's Name : _____

4. Spouse Name : _____

5. Date of Birth : _____ (in words) _____

6. Age : (as on **28/07/2014**)

Years	Months	Days
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7. Present Address : _____

_____ Mobile _____
e-mail : _____

8. Permanent Address : _____

_____ Mobile _____

9. Nationality : _____

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

MBBS : Registration No. _____ Place _____

MD/MS/DNB/Diploma : Registration No _____ Place _____

11. Date of Completion of Internship : _____

12. 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							
MD/MS/ DNB/ Diploma							

13. Experience in chronological order:

(Enclose copies of Work Experience Certificates) if any

Name of the Present/Previous Employer & Address /Contact Nos.	Present/ Previous Post	Date of Joining	Date of Leaving

(Use separate sheet if space is inadequate)

14. Check List : (Please tick in the box given below as proof of enclosures.
All Certificates must be attested by a Gazetted Officer and be attached in the following order :

(i) Certificate in support of age (10 th)	_____→	<input type="checkbox"/>
(ii) Mark Sheets of MBBS (All profs)	_____→	<input type="checkbox"/>
(iii) Internship Completion Certificate	_____→	<input type="checkbox"/>
(iv) Degree of MBBS	_____→	<input type="checkbox"/>
(v) MD/MS/DNB/ Diploma Pass Certificate	_____→	<input type="checkbox"/>
(vi) Attempt certificate (Graduation / Post Graduation)	_____→	<input type="checkbox"/>
(vii) Registration with MCI/State Medical Council (MP).	_____→	<input type="checkbox"/>
(viii) SC/ST/OBC 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 :

.....
(Signature of the applicant)

Date :

Full Name : _____
