भोपाल स्मारक अस्पताल और अनुसंधान केंन्द्र

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

भारतीय आयुर्विज्ञान अनुसंधान परिषद

INDIAN COUNCIL OF MEDICAL RESEARCH

(DEPARTMENT OF HEALTH RESEARCH) MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA

> Raisen By Pass Road, Bhopal – 462038 (M.P.) Phones: +91 755 274 22 12, Fax: +91 755 274 83 09 Website: www.bmhrc.org

Advertisement No. 14 / 2014 **VACANCY - OCCUPATIONAL THERAPIST – 01 (UR)** LAST DATE OF RECEIPT OF APPLICATION 22nd September 2014

Qualification: Master's degree/bachelor degree in occupational therapy from a recognized university with minimum two/three years experience in occupational therapy. Candidates having experience of working in the field of vocational training & job placement will be given preference.

Upper age limit: Not exceeding 30 years. (Relaxable upto 5 years for Government Servants & SC/ST and 3 years for OBC candidates 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 <u>22/09/2014</u>.

Pay Scale: - PB-2 (9300-34800) + GP of Rs. 4200.

<u>Important Note :</u>

- 1. Experience wherever prescribed means experience gained AFTER acquiring the prescribed essential qualification.
- 2. OBC Certificate for the purpose of age relaxation will mean " PERSONS OF OBC CATEGORY NOT BELONGING TO CREAMY LAYER" as defined in DOPT's O.M. No.36012/22/93-Estt (SCT) dated 8.9.1993 modified vide O.M. No.36033/3/2004-Estt (Res) dated 9.3.2004 and 14.10.2008. The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for assuming that the candidate does not fall in the creamy layer on the reckoning date. The candidate should furnish the relevant OBC certificate in the format prescribed for Govt. Job and furnish declaration. OBC candidate must, therefore, furnish valid and updated OBC certificate which should specially include the clause regarding "Exclusion from Creamy Layer.
- 3. 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.
- 4. The candidates are advised to ensure that they fulfill the eligibility criteria as mentioned in the advertisement before applying for the posts.

- 5. 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.
- 6. Crucial date for determination of eligibility with regards to Educational Qualification will be the closing date of application. i.e. <u>22/09/2014</u>.
- 7. Candidates are advised in their own interest to apply much before the closing date and should not wait till the last date.
- 8. 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.
- 10. 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.
- 11. 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 General, ICMR will be final in this regard.
- 12. The interview call letters, if shortlisted, shall be sent by speed/ registered post. However, the Hospital shall not be responsible for any postal delay/lapse, whatsoever.
- 13. 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.
- 14. Candidates serving in Govt./ Autonomous bodies should apply Through Proper Channel.
- 15. 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 and they will not be entitled to any claim including T.A. from the Hospital.
- 16. Other service conditions will be applicable as per service condition prescribed from time to time by the *Indian Council of Medical Research (ICMR)*.
- 17. No correspondence or personal inquiries shall be entertained.
- 18. 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

<u>JURISDICTION OF ANY DISPUTE</u>:- 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 22.09.2014**, 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

Note: 1. Application Form & further details attached.

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

APPLICATION FORM

BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE

Raisen Bypass Road, Karond, Bhopal–462038 (MP) (Under Indian Council of Medical Research (ICMR), Govt. of India)

Affix a recent Pass Port Size Photograph

Advt. No. 14 / 2014

Application for the Post of: OCCUPATIONAL THERAPIST

Details of Demand Draft	Category (Tick the Applicable Word)			
DD No. Date	General Scheduled Caste			
Amount	Scheduled Tribe Other Backward Class			
Name of the Bank	Physically Handicapped			
	(Enclose proof of Caste Certificate issued by Competent Authority)			
1. Name of the Applicant :				
2. Sex : Male Female Marital S	Status : Married Unmarried			
3. Father's / Husband's Name :				
4. Date of Birth :(in words)				
5. Age as on 22.09.2014 Years Months Days				
6. Present Address :				
Telephone/Mobile No	email :			
7. Permanent Address :				
<u>:</u>				
:	Telephone/Mobile No			
8. Nationality:				

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

Examination	Subjects	Board/ Council/University	Month & Year of Passing	Aggregate Score & % of Marks	Division	Award / Distinction
X th (HSC)						
XII th (HSSC)						

10. Current Acti	vities :			

11. Experience: (Enclose copies of Work Experience Certificates)

Name of the Present & Previous	Present/	Perio	od	
Employer with Address /Contact Nos.	Previous Post	From	То	Nature of Work
(Llee senarate sheet if space is inadequ				

(Use separate sheet if space is inadequate)

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

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

13. Details of relatives in BMHRC if any :

Name with relation	Post & Department	Telephone No. & e-mail

14.	<u>Declaration</u> : (Only for	OBC category	candidates f	for age re	laxation)
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"l,	sc	on/daughter of Shri		resident of
Village/to				
hereby declare that I belong	to the	Community wh	nich is recognized as	backward class
by the Government of India	a for the purpose	e of reservation in serv	ice as per orders co	ontained in the
Department of Personnel and	d Training Office I	Memorandum No. 36012/	/22/93-Rest. (SCT) da	ted 8.9.1993. It
is also declared that I do no	ot belong to pers	ons/ sections (Creamy L	ayer) mentioned in c	olumn 3 of the
Schedule to the above referre	ed Office Memora	ndum dated 8.9.1993 and	d its subsequent revis	ion through OM
No. 36033/3/2004-Estt.(Res)	dated 9.3.2004 a	nd 14.10.2010.		
15. Any other information y	you wish to add	:		
16. Check List : (Please tic	k in the box give	en below as proof of end	closures.) All Certif	icates must be
attested by a Gazetted Office	cer and be attach	ned in the following ord	er:	
(i) Certificate in support of	age (10 th)			
(ii) Mark Sheet of 10+2				
(iii) Mark Sheets of Degree	& or Diploma			
(iv) Certificate of Degree /	Diploma			
(v) Experience Certificate				
(vi) No Objection Certificate	e (if the candidate	is already in Service)		
(vii) SC/ST/OBC certificate	in prescribed for	rmat of Govt. of India		

DECLARATION

- 1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
- 2. I have informed my Head of Office/Department in writing that I am applying for this post and shall produce "No Objection" certificate at the time of the Interview.

(Signature of the applicant)
Full Name :

Note:

- 1. Application received after the closing date for whatever reason is liable to be rejected.
- 2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form comes to notice at any time during the service of a person, his serv````ice would be liable to the terminated.
- 3. Application not signed by the candidate is liable to be, rejected.
- 4. 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 and they will not be entitled to any claim including T.A. from the council.
