

## भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र, भोपाल

रायसेन बायपास रोड, करोंद चौराहा के पास, भोपाल - 462038

(350 बिस्तरों वाला बहु विशिष्टीय चिकित्सालय जो भारतीय आयुर्विज्ञान अनुसंधान परिषद, स्वास्थ्य और परिवार कल्याण विभाग, भारत सरकार के अधीन है )

### रिक्तियों - कॉन्ट्रैक्ट्युवल (VACANCIES- CONTRACTUAL)

विज्ञप्ति क्रमांक : 15/2014

आवेदन प्राप्ति की अंतिम तिथि :- 16 अक्टूबर 2014

**वरिष्ठ चिकित्सा अधिकारी (फिज़िशियन) - 02**

**[Senior Medical Officer (Physician) ]**

निदेशक  
बीएमएचआरसी, भोपाल

- नोट:-
1. विस्तृत जानकारी एवं आवेदन प्रपत्र संलग्न ।
  2. कृपया किसी भी प्रकार के जारी संशोधन के लिए वेबसाइट का अवलोकन करें ।

## **BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE**

**Raisen Bypass Road, Karond, Bhopal – 462 038**

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

### **VACANCIES - CONTRACTUAL**

**Advertisement No. 15/ 2014**

**Last date of Receipt of Application : - 16<sup>th</sup> October 2014**

Sl.No.	Name of the Post	Vacancy	Consolidated Monthly Consultancy Fee
1	Senior Medical Officer (Physician) - <b>Contractual</b>	02	Rs. 63,376/- per month

**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 16<sup>th</sup> October 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.**

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

**Adv. No. 15/2014**

### **VACANCIES – CONTRACTUAL**

**Last date of Receipt of Application:16<sup>th</sup> October 2014.**

The above position of consultant is to be filled up on a purely **temporary contract basis** in BMHRC, Bhopal. The Essential Qualifications, Experience, Age, Consolidated Monthly Consultancy Fee, the job requirements and tenure of the position is given below:

#### **(i) SENIOR MEDICAL OFFICER ( PHYSICIAN ) – TWO ( 02 )**

#### **ELIGIBILITY CRITERIA**

**Qualification:** MD/DNB (Medicine).

**Registration:** Candidate must have/or applied for Additional Registration for PG Degree with MCI/ State Medical Councils. In case selected by BMHRC, they should register themselves with M.P. Medical Council.

**Consolidated Monthly Consultancy Fee** : Rs. 63,376/- per month.

**Age Limit** : 62 years relaxable up to 64 years in case of meritorious candidates. The upper age limit shall be determined as on **16<sup>th</sup> October 2014** .

**Job Requirement :-** Duties of Sr. Medical Officer at Mini Units of BMHRC, Bhopal

**Place of Duty :-** The place of duty will be at Mini Units of BMHRC, Bhopal located at the above address.

**Tenure:-** The individual will be initially engaged for a period of one year but the period of engagement may be curtailed or extended at the discretion of the competent authority.

## **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 and Experience will be the closing date of application **i.e. 16<sup>th</sup> October 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 cancelled 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.**
- 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.
- The interview call letters, if short listed, shall be sent by speed/ registered post. However, the Hospital shall not be responsible for any postal delay/lapse, whatsoever.

- 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.
- 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 16<sup>th</sup> October 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  
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Size  
Photograph

Advt. No 15/2014

Application for the Post of : SENIOR MEDICAL OFFICER (PHYSICIAN) -CONTRACTUAL

<u>Details of Demand Draft</u>	<u>Category (Tick the Applicable Word)</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"/>	Physically Handicapped <input type="checkbox"/>
	(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 16/10/2014 : 

Days	Months	Years
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7. Present Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile : \_\_\_\_\_

Email \_\_\_\_\_

8. Permanent Address : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

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 <sup>st</sup> Prof.						
MBBS 2 <sup>nd</sup> Prof.						
MBBS Final (Part-I)						
MBBS Final (Part-II)						
Total of all MBBS Exams						
MD/DNB						

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

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

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

MD/DNB 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



**16. Declaration : ( Only for OBC category candidates for age relaxation)**

"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 attested by a Gazetted Officer and be attached in the following order :**

- |   |                          |
|---|--------------------------|
| (i) Certificate in support of age ( 10 <sup>th</sup> ) .....                | <input type="checkbox"/> |
| (ii) Mark Sheet of MBBS(All Profs).....                                     | <input type="checkbox"/> |
| (iii) Degree of MBBS.....   | <input type="checkbox"/> |
| (iv) MD/DNB Pass Certificate... ..  | <input type="checkbox"/> |
| (v) Under Graduate/Post Graduate <b>attempts Certificate</b> .....          | <input type="checkbox"/> |
| (vi) Registration with MCI/ State Medical Council .....                     | <input type="checkbox"/> |
| (vii) SC/ST/OBC certificate in prescribed format of Govt. of India.....     | <input type="checkbox"/> |
| (viii) Experience Certificate (if any).....                                 | <input type="checkbox"/> |
| (ix) 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 :**