ICMR-REGIONAL MEDICAL RESEARCH CENTRE

CHANDRASEKHARPUR, BHUBANESWAR-751023

Advt. No. RMRC/Estt./LDC/2017/

ADVERTISEMENT

Date: 14.09.2017

Applications are invited upto **10.10.2017 - 05:00 PM** for filling-up of the vacant posts of **Lower Division Clerk -**2 Nos. (Adhoc) (Group-C, Ministerial) (OBC-1 & UR-1) in the pay matrix – Level-2, Rs.19,900/- – 63,200/- (7th CPC) and usual allowances as admissible as per Government norms at ICMR-Regional Medical Research Centre, Chandrasekharpur, Bhubaneswar – 751 023.

Eligibility Criteria:

- (i) Minimum 12th class pass or equivalent qualification from recognised board or university.
- (ii) Typing speed of 35 wpm in English or 30 wpm in Hindi on computer (35 wpm and 30 wpm correspond to 10500 KDPH/ 9000 KDPH on an average of 5 key depressions for each word).

Age Limit:

- (i) Age not below 18 years & not exceeding 27 years as on 10.10.2017. Relaxable for Govt. Servants/Autonomous organisation employees upto 40 years.
- (ii) One time age relaxation will be given to the candidates working (as on the date of notification) on long term projects in ICMR institutes/centre.
- (iii) General relaxation clause: Age relaxation shall be allowed to other categories as per Govt. of India rules applicable from time to time.

Other Service Conditions

- (a) Benefits of New restructured defined contributory Pension system are admissible as per the provision contained in the Ministry of Finance, Department of Economic Affairs (ECB & PR Division), Notification No.5/7/2003-ECB & PR dated 22.12.2003 effective 1.1.2004.
- (b) Application fees for Rs.100.00 should be submitted in shape of crossed IPO drawn in the name of the Director, ICMR-RMRC, Bhubaneswar. Women candidates are exempted for application fees. ICMR employees are not exempted for payment of application fee. IPO obtained prior to the notification of advertisement will not be entertained.

- (c) Applications from employees working in Central/State Govt. Departments/
 Public Sector Undertakings and Govt. funded research agencies must be
 forwarded through proper channel. Advance copies of application will be
 considered subject to the conditions that a "No Objection Certificate" from the
 employer should be produced at the time of verification of certificates/
 testimonials.
- (d) Only short-listed candidates will be called for **written test**, **typing test & interview** and no correspondence will be entertained in this regard.
- (e) Incomplete/late application shall be not be entertained.
- (f) The Director, ICMR-RMRC, Bhubaneswar reserves the right to reject the applications or cancel the notification without assigning any reason thereof.
- (g) Any canvassing by or on behalf of the candidates or to bring political or other outside influence with regard to selection/recruitment shall liable for disqualification.

How to apply

The applicant can apply for the above post in the prescribed application form. For details about applying the above posts please visit ICMR website www.icmr.nicin or RMRC website www.rmrcbbsr.gov.in

- 1. Self attested copies of documents to be submitted along with the application form.
 - a. Proof of Date of Birth
 - b. Educational Qualifications & Technical qualification (Typing)
 - c. Experience if any
 - d. Crossed Indian Postal Order (IPO) for Rs.100/- (Rupees One hundred only).
- 2. Closing date for submission of application upto 5.00 P.M. on or before 10.10.2017
- 3. Application form duly completed in all respects and signed by the applicant alongwith attested copies of certificate/testimonials in support of qualification, age, caste, experience and application fee should be sent to the Director, ICMR-Regional Medical Research Centre, Chandrasekharpur, Bhubaneswar, Odisha 751023, by Speed Post/ Regd. Post. The envelop should be superscribed as "Application for the post Lower Division Clerk".

Sd/-Administrative Officer For Director

ICMR-REGIONAL MEDICAL RESEARCH CENTRE CHANDRASEKHARPUR, BHUBANESWAR-751023

APPLICATION FORM FOR THE POST OF LOWER DIVISION CLERK

Note:		ust be given in words and ould be left blank.	not by dashes and dots.	Affix recent Passport Size Photograph duly signed
Name	of the post app	lied for		
Postal	Order No		Date	
Name	of Post Office:		Amount	
1.	Name in Full:	Mr/Miss/Mrs/Dr		
	(IN CAPITAL	LETTERS)		
2.	Father's / Husl	oand's Name :		
3.	Address:(i) Pre	esent:		
	- (ii) Permane			
	(iii) Contact	Telephone No	& Mobile No	
	(iv) E-Mail a	ddress:		
4.	Date of Birth: _	(In words)		

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furnished herewith are true to the best of my knowledge and belief.				
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Marital Status: Married/Un-married:

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