

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

Advertisement No. 97 / 2021

Last date of Application : 25/02/2021

S.No.	Name of the Post	Vacancy	Scale of Pay
1	Tutor	1 (UR)	Basic-44900/- Level 07
2	Pharmacist	1 (SC)	Basic-29200/- Level 05

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 25/02/2021**, along with non refundable Demand Draft of Rs.300/- for General & OBC candidates and for SC/ST candidates the application fee is exempted , drawn in favour of **“Bhopal Memorial Hospital & Research Centre”** and payable at Bhopal, purchased after the date of advertisement.

The envelope containing the application should be clearly super-scribed with name and discipline of the post applied for :-

**Director
BMHRC**

Note : For Application Form And Further Information / Details please refer to : www.bmhrc.ac.in

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE,
BHOPAL

Indian Council of Medical Research (ICMR), Government of India

(1). ELIGIBILITY CRITERIA FOR TUTOR

POSTNO. OF VACANCY QUALIFICATION & EXPERIENCE **TUTOR** -1) M.Sc. Nursing OR B.Sc. Nursing/Post Basic B.Sc. Nursing with one year experience in a Nursing College recognized by Indian Nursing Council.

2) Registered as Nurse with State Nursing Council

(2). ELIGIBILITY CRITERIA FOR PHARMACIST

POSTNO. OF VACANCY QUALIFICATION & EXPERIENCE **PHARMACIST** - Degree in Pharmacy or 10+2 with Science and Diploma in Pharmacy, Registration with Pharmacy Council of India with 2 yrs. experience.

Important Note:

1 For the above Post for Qualifications should be recognized by Council of India.

2 Experience wherever prescribed means experience gained AFTER acquiring the prescribed essential qualification.

➤ **Pay Scale & Age:-**

1) Tutor- **Basic -44900, Level-07** **Upper Age Limit:30 yrs**

2) Pharmacist- **Basic -29200, Level-05** **Upper Age Limit:28 yrs**

(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 25/02/2021.**

NOTE :-

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.

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.

- 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. 25/02/2021.

- 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 proforma 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 General, ICMR will be final in this regard.

- 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.

- 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 and they will not be entitled to any claim including T.A. from the Hospital.**

- Other service conditions will be applicable as per service condition prescribed from time to time by the 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 25/02/2021**, along with non refundable Demand Draft of Rs. 300/- for General & OBC Candidates and for SC/ST candidates DD exempted, 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 & 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. 97 /2021

Application for the Post of :

<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 : _____

Days	Months	Years
------	--------	-------

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	Subjects	Board/ Council/University	Month & Year of Passing	Aggregate % of Marks	Award / Distinction

11. Registration Details :

Name of the State Nursing/ Pharmacy Council: _____

Registration No _____ Place _____

Date of Registration: _____ Valid upto _____

12. Current Activities :

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. Any other information you wish to add :

17 List of Enclosures:

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 :