

## आई.सी.एम.आर - क्षेत्रीय आयुर्विज्ञान अनुसंधान केन्द्र ICMR - REGIONAL MEDICAL RESEARCH CENTRE (भारतीय आयुर्विज्ञान अनुसंधान परिषद) (INDIAN COUNCIL OF MEDICAL RESEARCH)

चंन्द्रशेखरप्र, भवनेश्बर – ७५१ ०२३

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Date: 09.07.2018

No. 11(06)/MRR/Proj/2018/

## WALK-IN-INTERVIEW

A Walk-in-interview (written test/Interview) is scheduled to be held at the office of ICMR-Regional Medical Research Centre, Chandrasekharpur, Bhubaneswar-751023 for recruitment of posts for the project entitled, "Disease profile of PVTGs in Micro Project Areas of Odisha: An Empirical study". Eligible candidates may appear for the walk-in- interview on 16.07.2018 at 11.00AM. Other details like age limit, educational qualification, selection process & how to apply are given below.

S1 No.	Post	Vacancy/ Category	Consolidated Salary	Essential Qualification	Period	Age Limit	Date of Walk -in- Interview
1	Consultant (Medical Anthropolog y)	UR-1	Rs.60,000/- P.M	MSc./PhD in Antropology	8 months	70 years	16.07.2018 at 11.00AM
2	Consultant (Medical)	UR-1	Rs.60,000/- P.M	MBBS/BAMS/BDS	6 months	70 years	16.07.2018 at 11.00AM

## **Terms and Conditions:**

- 1. Qualification & Experience should be in relevant discipline/field from an Institution of repute, experience should have been gained after acquiring the minimum essential qualification.
- 2. Mere fulfilling the essential qualification does not guarantee the selection.
- 3. Canvassing in any form will be a disqualification.
- 4. Consolidated salary of the post may vary from time to time.
- 5. No TA DA will be paid and candidate may have to arrange transport/accommodation themselves for interview.
- 6. Director, RMRC, Bhubaneswar reserves rights to consider or reject any/or all application/candidature. Submission of wrong or false information during the process of selection shall disqualify the candidature at any stage.
- 7. Appointment on project is purely temporary and co-terminus with the project and the candidate will not have any right to claim for any regular employment at ICMR-RMRC.
- 8. Leave shall be as per the institutional policy for project staff.
- 9. The number of vacancies may vary according to the requirement at later stage.
- 10. Similar post, if any, arises in future, may be filled up from the selected panel list up to one year from the date of interview.
- 11. The candidates shall be required to appear the interview at their own cost.

Interested candidates possessing the required qualification may attend the **Walk-in-**Interview along with the attached application form—duly filled in prescribed format and photocopies of the documents/ certificates, CV along with a passport size photograph at ICMR-Regional Medical Research Centre, Chandrasekharpur, Bhubaneswar-751023 on above mentioned date. Applicant should report to the centre at 10.00 AM on 16.07.2018 for scrutiny and verification of original documents. Eligible candidates will be required to appear for the interview.

Sd/-Administrative Officer For Director

## **APPLICATION FORM**

Affix a recent passport size colour photograph here

1.	Name of the Post	:				here
2.	Name of the Project	:				_
3.	Name in Full	:				_
	(IN BLOCK LETTERS)		[Surname]	[Middle Nan	ne] [Name]	
4.	Father's/ Husband's Name	:				_
5.	Address for Correspondence	:				_
						_
6.	Contact No.	:				
7.	E-mail Id	:				_
8.	Permanent Address	:				
9.	Date of Birth	:		A	Age:	_
10.	Category	:		(Whether	SC/ST/OBC/U	R)
11.	Marital Status	:		(	Married / Unma	arried)
12.	<b>Educational Qualifications</b>	:				

Sl. No.	Exam Passed	Year of passing	Board / University	Specialization/ Subjects	Grade/ Division

Sl. No.	Name of the Employer			Scale of pay/	Reason for
		Period	Post held	Monthly Salary	leaving
	1				
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_		J		No:	
N	Name of the Exchar	nge:			
5. If sele	ected what period	would vou reauir	e ioining the post:	1 week/ 15 days/ 1	month/ Other
		J i i j i i i i	6 · F	·, j -,	,
6. Have	you ever been de	clared unfit by a N	Medical Board/ Co	urt for appointment	in any Govt.
Servi	ce? Yes/ No	If ves, give de	tails		
7. Have	e you ever been trie	ed/ convicted for	any crime by any o	court of law: Yes/ No	)
Declarat	tion: I do hereby a	leclare that the p	articulars furnishe	ed in this form by m	e are true to t
	<del>-</del>	_		ibility to myself. In	
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			incorroct/tolcoi	n futura mu candida	
nformat		ile is found to be	incorrect/ false ii	n future, my candida	
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nformat erminat Date:		_		n future, my candida  Signature of the Can	ature is liable f