

ICMR - Bhopal Memorial Hospital and Research Centre Department of Health Research, Ministry of Health and Family Welfare, Government of India

Adv.No.169/BMHRC/Bhopal/Project-Saharia/2025

Dated: 06/03/2025

WALK-IN- INTERVIEW ON 19/03/2025 (WEDNESDAY) at 11:00 a.m. onwards at Conference Room, Block-VI, BMHRC, Bhopal. (Reporting time: 9:00 a.m. to 10:00 a.m.)

Name of Project : Implementation Research Project to Demonstrate reduction of Tuberculosis in Saharia Tribe Dominated region of India.

The Institute intends to engage the above Non-Institutional project human resource positions, purely on temporary contract basis for Indian Council of Medical Research (ICMR) for following funded Project under the department of Microbiology, Bhopal Memorial Hospital and Research Centre, Bhopal.

Sl. No.	Project Post	No. of Positi on	Monthly Emoluments (Consolidated)	Essential/Desirable qualification and Experience	Upper Age Limit
1	Project Research Scientist- I (Medical)	04 nos.	Rs. 67000/- + HRA as admissible	MBBS/BVSc/BDS/BAMS/ BHMS	35 years
2	Project Research Scientist- I (Non-Medical)	01 no.	Rs.56000/- + HRA as admissible	Post Graduate Degree (including the integrated PG degrees) in life sciences.	35 years
3	Project Technical Support-III	02 nos.	Rs.28000/- + HRA as admissible	Three Years Graduate degree in relevant subject/ field + three years experience or PG in relevant subject/field in life sciences.	35 years

Details of the Projects Positions are given as under :

Note : Preference shall be given to the candidates who have already worked, or are currently working in similar research project.

<u>Tenure</u>: The tenure of above Project positions initially for a period of One Year, extendable after satisfactory performance& discretion of Competent Authority.

Sl. No.	GENERALINSTRUCTIONS:
1.	This engagement is purely on contractual basis.
2.	Qualifications should be from recognized institutions/Universities only.
3.	Experience certificate should clearly state the nature of work during the period of employment. Experience in the relevant discipline/field should be clearly mentioned.
4.	The project staff shall be posted in the districts of Gwalior, Datia and Guna, as per the requirements of the project.
5.	Since the posts are purely on temporary basis, the appointee will not be granted any claim or right for regular appointment to any post.
6.	Candidates applying for more than one post should SEPERATELY apply for each post.
7.	POST QUALIFICATION Experience : Experience from the date of completion of minimum essential educational qualification shall only be counted.
8.	The candidates, who are employed in Central/State Government 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 not be considered.
9.	The appointee shall be on the whole time appointment of the institution and shall not accept any other appointment, paid or otherwise and shall not engage himself/herself in private practice of any kind during the period of contract.
10.	The appointment to the said post will be subject to physical fitness from the competent medical board for which he/she will be sent to designated medical authority by the Institution before joining the post.
11.	No TA/DA will be paid to attend interview/personal discussion and candidates have to arrange transport/ accommodation themselves.
12.	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.
13.	The candidates are advised to ensure that they fulfill the eligibility criteria as mentioned in the advertisement before applying for the posts.
14.	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.
15.	Crucial date for determination of eligibility with regards to Educational Qualification and Experience will be the date of walk-in-interview. (i.e. on 19/03/2025 (Wednesday) Implementation Research Project to Demonstrate reduction of Tuberculosis in Saharia Tribe Dominated region of India.
16.	Incomplete applications in any respect will not be considered. Only applications in response to this advertisement on prescribed pro forma attached herewith will be considered.
17.	The candidate should ensure that they should be present at 09:00 a.m. positively.
18	All original documents of qualification, experience along with proof of date of Birth will have to be brought by the candidate at the time of walk in interview.

19.	Application Form (hard copy only) should be accompanied by copies of necessary documents duly self attested by the candidate.
20.	Any canvassing by or on behalf of candidates or to bring political or other out side influence with regard to selection/recruitment will lead to disqualification.
21.	The candidates must submit the application in the prescribed form and paste recent passport size photograph on it. All the documents must be self-attested including his/her photograph on the application form at the time of interview.
22.	No correspondence or personal inquiries shall be entertained.
23.	The competent authority reserves the right to verify the authenticity of the certificates submitted. If found incorrect, the candidature will be cancelled without any further notice.
24.	The candidates are advised see the hospital website (<u>www.bmhrc.ac.in</u>) frequently for any amendment OR corrigendum.
25.	Reservation is applicable as per Govt. of India norms.
26.	There is no application fee for these project posts.

The candidates must submit the copy of the following documents (self-attested) along with application form. They should bring the original certificates at the time of interview.

Check List: (Please tick in the box given below as proof of enclosures and strike out if not applicable). All Certificates must be self attested and be attached in the following order :

(i) Certificate in support of age (10 th)	
(ii) Mark Sheet of 10+2 —	
(iii) UG Degree (Certificate & Mark sheets)	
(iv) MBBS/BVSc/BDS/BAMS/ BHMS	
(v) PG Degree (Certificate & Mark sheets)	
(v) Experience Certificate	
(vi) SC/ST/OBC Certificate in prescribed format of Govt. of India	
(vii) No Objection Certificate (if the candidate is already in the service-	

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 are attached as Annexure A.

For Further details and any amendment/corrigendum please visit the above website.

APPLICATION FORM

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE Raisen Bypass Road, Karond, Bhopal–462038

Adv.No.169/BMHRC/Bhopal/Project/2025

Walk-in-Interview on 19/03/2025 (Wednesday).

Project Name: Implementation Research Project to Demonstrate reduction of Tuberculosis in Saharia Tribe Dominated region of India.

ppli	cation for the post of
1.	Name of the Applicant:
2.	Sex: Male/Female(tick applicable word) Marital Status :Married/Unmarried
3.	Father's/Mother's Name:
4.	Spouse Name:
5.	Date of Birth:
6.	Age as on 19/03/2025 Years Months Days
7.	Present Address:
	Telephone/Mobile:
8.	Permanent Address:
	Telephone/Mobile:
9.	Nationality :

Affix a recent Pass Port Size Photograph

ANNEXURE-A

Contd..

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

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Month& Year of Passing	College &University	Awards/ Distinction

11. Current Activities:

^{12.} Experience: (Enclose copies of Work Experience Certificates).

Name of the Present & Previous Employer with Address /	Present/ Previous	Period		Nature of
Contact Nos.	Post	From	То	Work

(Use separate sheet if space is inadequate)

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

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

14. Any other information you wish to add:

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: _____