



भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र, भोपाल

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
DEPARTMENT OF HEALTH RESEARCH, MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA

रायसेन बायपास रोड, भोपाल- 462 038 (म.प्र.) Raisen Bypass Road, Bhopal - 462 038 (M.P.)

Phones:- +91 755 2742212-16, FAX:- +91 755 2748309, Email: bmhrcbhopal@gmail.com, Website : www.bmhrc.org

VACANCY- 01

SUPERVISOR-BLOOD TRANSFUSION (CONTRACTUAL)

Advertisement No. 54/2017

Last date of receipt of Application :23/06/2017

Bhopal Memorial Hospital & Research Centre, Bhopal proposes to fill up the posts of Supervisor- Blood Transfusion, purely on contract basis for a period of one year and may be extended as per discretion of Competent Authority.

Applications are invited for the above vacancies on the terms and conditions as given below:-

1. Essential Qualification : Bachelor's Degree in Science or equivalent in concerned discipline from a recognized University with three years working experience in a reputed Medical Institution.

OR

Matriculate / 10+2 with Science and DMLT / Diploma or equivalent in concerned discipline from AICTE recognized Institution or any Statutory Board with five years experience in relevant discipline in medical institutions.

2. Upper Age Limit : 60 years relaxable upto 65 years in case of meritorious candidates. The upper age limit shall be determined as on **23/06/2017**.

3. Remuneration: On Consolidated pay of Rs. 36,108/-. The contractual appointee will not be entitled to any allowances, financial benefits or concessions as admissible to Govt. employees. Income Tax will be deducted at source on monthly basis.

4. No TA/DA is admissible for the interview.

5. The appointee will not be granted any claim or right for regular appointment to any post.

6. 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.

Application Form (hard copy only) should be accompanied by copies of necessary documents (duly Self attested) and should be submitted in person or by post to the office of the Director, BMHRC, Bhopal on above mentioned address **latest by 23/06/2017**, along with non refundable Demand Draft of Rs.500/- for General & OBC Candidates and No DD for SC/ST candidates & candidates with disability, drawn in favour of "Bhopal Memorial Hospital & Research Centre" and payable at Bhopal, purchased after the date of advertisement.

Director
BMHRC, Bhopal

Note : 1. Application Form attached herewith.

2. For any further amendment / corrigendum please visit the above website.

GENERAL INSTRUCTIONS

- (i) 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.
- (ii) **The candidates are advised to ensure that they fulfill the eligibility criteria as mentioned in the advertisement before applying for the posts.**
- (iii) 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.
- (iv) Crucial date for determination of eligibility with regards to Educational Qualification and Experience will be the closing date of application **i.e. 23 /06/2017.**
- (v) Candidates are advised in their own interest to apply much before the closing date and should not wait till the last date.
- (vi) 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.
- (vii) **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.
- (viii) **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.**
- (ix) 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.
- (x) 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.
- (xi) No correspondence or personal inquiries shall be entertained.
- (xii) **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 Self attested) and should be submitted in person or by post to the office of the Director, BMHRC, Bhopal on above mentioned address **latest by 23/06/2017**, along with non refundable Demand Draft of Rs.500/- for General & OBC Candidates and No DD for SC/ST candidates & candidates with disability, drawn in favour of **“Bhopal Memorial Hospital & Research Centre”** and payable at Bhopal, purchased after the date of advertisement.

Director
BMHRC,Bhopal

- Note :**
1. **Application Form attached herewith.**
 2. **For any further amendment / corrigendum please visit the above website.**

APPLICATION FORM
BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE
 Raisen Bypass Road, Karond, Bhopal-462038 (MP)
 A 350 Bed Super- Specialty Hospital Department of Health Research (MoH & FW), Govt. of India

Affix a
 recent
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 Size
 Photograph

Advt. No. 54/2017

Application for the Post of : SUPERVISOR-BLOOD TRANSFUSION (CONTRACTUAL)

<u>Details of Demand Draft</u>	<u>Tick the Applicable Category</u>
DD No. <input style="width: 80px;" type="text"/> Date <input style="width: 80px;" type="text"/>	General <input type="checkbox"/> Scheduled Caste <input type="checkbox"/>
Amount <input style="width: 80px;" type="text"/> Name of the Bank <input style="width: 150px;" type="text"/>	Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/>
	Physically Handicapped (PH) <input type="checkbox"/>
	(Enclose proof of Caste Certificate issued by a 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 23/06/2017 :

Days	Months	Years
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7. Present Address : _____
 : _____
 : _____

Telephone No. _____ Mobile : _____

Email : _____

8. Permanent Address : _____
 : _____

:Telephone No. _____ Mobile No. _____

9. Nationality : _____

Contd..

12. 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)

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

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

14. Details of relatives in BMHRC if any :

Name	Post & Department	Telephone No. & e-mail

15. Any other information you wish to add :

16. Check List : (Please tick in the box given below as proof of enclosures). All Certificates must be self attested and be attached in the following order :

(i) Certificate in support of age (10 th)	→	<input type="checkbox"/>
(ii) Mark Sheet of 10+2	→	<input type="checkbox"/>
(iii) Mark Sheets of Degree	→	<input type="checkbox"/>
(iv) Certificate of Degree	→	<input type="checkbox"/>
(v) Mark Sheets of Diploma	→	<input type="checkbox"/>
(vi) Certificate of Diploma	→	<input type="checkbox"/>
(vii) Experience Certificate	→	<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 : _____