



**भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र**  
**BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE**  
**DEPARTMENT OF HEALTH RESEARCH**  
MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA  
Raisen By Pass Road, Bhopal – 462038 (M.P.)  
Phones: +91 755 274 22 12 , Fax : +91 755 274 83 09 , Website : [www.bmhrc.org](http://www.bmhrc.org)

**Advertisement No. 53/2017**  
**PERFUSIONIST (ON CONTRACT BASIS)**

Vacancy-01

**Last date of Receipt of Application: 24/05/2017**

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

**QUALIFICATION & EXPERIENCE** : B. Sc.+ Diploma (02 Years Duration) in Perfusion technology with minimum experience of 02 (Two) years in Perfusion Technology.

**AGE LIMIT** : 21-40 yrs. (Upper age limit 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 **24/05/2017**.

**CONSOLIDATED PAY**: 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.

**Important Note** :

- **The contractual appointee will not be entitled to any allowances, financial benefits or concessions as admissible to employees of BMHRC/DHR.**
- **No TA/DA is admissible for the interview.**
- **The appointee will not be granted any claim or right for regular appointment to any post.**
- **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 24/05/2017**, 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. 24/05/2017.**
- (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 pro forma 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 24/05/2017**, 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 & further details attached.**  
**2. For any further amendment/corrigendum please visit the website.**

**APPLICATION FORM**

**BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE**  
Raisen Bypass Road, Karond, Bhopal-462038 (MP)  
(Under Department of Health Research, Govt. of India)

Affix a  
recent  
Pass Port  
Size  
Photograph

**Advt. No. 53/2017**

**Application for the Post of : PERFUSIONIST (ON CONTRACT BASIS)**

| <b><u>Details of Demand Draft</u></b>  | <b><u>Category (Tick the Applicable Word)</u></b>                                      |
|--|--|
| 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"/>   | Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/> |
| Name of the Bank <input style="width: 150px;" 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 / Spouse Name : \_\_\_\_\_

4. Date of Birth : \_\_\_\_\_

5. Age as on 24/05/2017

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

6. Present Address : \_\_\_\_\_

: \_\_\_\_\_

Telephone No. \_\_\_\_\_ email : \_\_\_\_\_

7. Permanent Address : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_ Telephone No. \_\_\_\_\_

8. Nationality : \_\_\_\_\_

Contd...2/-

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

| Examination                           | Subjects | University / Board | Month & Year of Passing | Aggregate Score & % of Marks | No. of Attempts |
|---------------------------------------|----------|--------------------|-------------------------|------------------------------|-----------------|
| X                                     |          |                    |                         |                              |                 |
| XII                                   |          |                    |                         |                              |                 |
| B. Sc.<br>First Year                  |          |                    |                         |                              |                 |
| B. Sc.<br>Second Year                 |          |                    |                         |                              |                 |
| B. Sc.<br>Third Year                  |          |                    |                         |                              |                 |
| B. Sc.<br>(Total )                    |          |                    |                         |                              |                 |
| Dip. in<br>Perfusion<br>(First Year)  |          |                    |                         |                              |                 |
| Dip. in<br>Perfusion<br>(Second Year) |          |                    |                         |                              |                 |
| Dip. in<br>Perfusion<br>(Total)       |          |                    |                         |                              |                 |

**10. Registration Details:**

Name of the State Paramedical Council: \_\_\_\_\_

Registration No. \_\_\_\_\_ Place \_\_\_\_\_

Date of Registration : \_\_\_\_\_ Valid upto \_\_\_\_\_

**11. Current Activities :**

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**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. 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.

16. Any other information you wish to add :

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17. 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 <sup>th</sup> ) .. .. .                | <input type="checkbox"/> |
| (ii) Mark Sheet of 10+2 .. .. .  | <input type="checkbox"/> |
| (iii) Mark Sheets of Degree & or Diploma .. .. .                             | <input type="checkbox"/> |
| (iv) Certificate of Degree / Diploma .. .. .                                 | <input type="checkbox"/> |
| (v) Registration from State Paramedical Council.....                         | <input type="checkbox"/> |
| (vi) Experience Certificate .. .. .  | <input type="checkbox"/> |
| (vii) No Objection Certificate (if the candidate is already in Service)..... | <input type="checkbox"/> |
| (viii) SC/ST/OBC certificate in prescribed format of Govt. of India.....     | <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 :

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