



BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

Raisen Bypass Road, Karond, Bhopal – 462 038

(A 350 Bed Super- Specialty Hospital under Department of Health Research (MoH&FW), Govt. of India)

VACANCIES – (02) ANAESTHESIOLOGISTS ON CONTRACT BASIS

Advertisement No. 50/2017

Last Date of receipt of Applications 15.03.2017

Applications are invited for empanelment for providing Anaesthesia services on per case basis in the department of Anaesthesiology & Critical Care, BMHRC, Bhopal from Senior experienced Anaesthesiologists in the attached proforma. The proforma should be accompanied by copies of necessary documents (relating to educational qualifications & experience) and should be submitted till **15.03.2017** by post or in person to the office of the Director, BMHRC, Raisen By pass road, Karond, Bhopal – 462038.

Eligibility Criteria:

Essential: MD/Diploma in Anaesthesia with minimum three years experience in the discipline of Anaesthesiology. The degree of MD/Diploma in Anaesthesia must be registered with the MCI/ State Medical Council.

Desirable: Experience in managing Anaesthesia services for high risk cases .

Remuneration: ASA grade III & high risk cases = Rs. 6000/- for 1st hour - Rs. 1500/- for every additional hour.
ASA grade I & II = Rs. 4000/- for 1st hour - Rs. 1500/- for every additional hour.

Age Limit: The age should not be more than 60 years. The age shall be determined as on 15.03.2017.

NOTE : (i) Interested applicants are required to download the PROFORMA from the website www.bmhrc.org and submit it duly filled along with all relevant documents (relating to educational qualifications & experience) till 15.03.2017 by post or in person to the office of the Director, BMHRC, Raisen By pass road, Karond, Bhopal - 462038

(ii) For Further details and any amendment/corrigendum please visit our website www.bmhrc.org

Director-Incharge, BMHRC, Bhopal

GENERAL INSTRUCTIONS :

- i) Application should be submitted in the prescribed proforma.
- ii) Empanelment will be considered on basis of eligibility criteria advertised. The qualifying individuals will be called for interview.
- iii) Work of BMHRC is time bound and individual will be required to provide services at the time required by BMHRC.
- iv) Individual will be responsible for the complete Anaesthesia management of the patients.
- v) BMHRC will have the right to remove any individual from the panel during the period of empanelment without assigning reasons thereof.
- vi) All pages of the proforma and relevant documents should be self attested.
- vii) 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
- viii) The decision of the selection committee will be final.

* **JURISDICTION OF ANY DISPUTE**:- In case of any legal dispute the jurisdiction of the court will be Bhopal.

- **PROFORMA:** Interested applicants are required to download the PROFORMA from the website www.bmhrc.org and submit it duly filled along with all relevant documents (relating to educational qualifications & experienced) till 15.03.2017 by post or in person to the office of the Director, BMHRC, Raisen By pass road, Karond, Bhopal - 462038.

Director-Incharge, BMHRC, Bhopal

PROFORMA

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

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Advt. No. 50/2017

Applied for Anaesthesiologists On Contract Basis

1. Name of the Applicant : _____

2. Sex : Male Female Marital Status : Married Unmarried

3. Father's Name : _____

4. Date of Birth : _____

5. Age as on 15.03.2017 :

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

Telephone No. _____ Mobile : _____

Email _____

7. Permanent Address : _____
: _____
: _____ Telephone No. _____

Mobile No. _____

8. Nationality : _____

Cont..

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

Examination	Maximum Marks	Marks Obtained	% of Marks	Month & Year of Passing	Name of the College & University	Award / Distinction
MBBS 1 st Prof.						
MBBS 2 nd Prof.						
MBBS Final (Part-I)						
MBBS Final (Part-II)						
Total of all MBBS Exams						
MD/Diploma in Anaesthesia						

10. Permanent MCI/ State Medical Council Registration Details :

Name of the Medical Council: _____

MBBS Registration No. _____ Place _____

MD/Diploma Registration No. : _____ Place _____

11. Current Activities :

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

Contd...

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 MBBS(All Profs)..... | <input type="checkbox"/> |
| (iii) Degree of MBBS..... | <input type="checkbox"/> |
| (iv) Under Graduate attempt Certificate | <input type="checkbox"/> |
| (v) Degree of MD/Diploma | <input type="checkbox"/> |
| (vi) Registration with MCI/ State Medical Council | <input type="checkbox"/> |
| (viii) 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, my services will be liable to be terminated.”

Place : _____

Date : _____

(Signature of the applicant)

Full Name :