



# **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 – CONSULTANT (MEDICAL) CONTRACTUAL**

**Advertisement No. 56/2017**

**WALK IN-INTERVIEW ON 02<sup>nd</sup> AUGUST 2017 (WEDNESDAY)**

**at Conference Room, Block-VI of BMHRC, Bhopal**

**Reporting time : 09:00 a.m.**

Applications are invited on Contract Basis from interested doctors including those who have retired from (Central/State Government services) who are willing to be empanelled as **Consultants** for a period of **One year, extendable further as per the discretion of the Competent Authority. The appointment will be as per the available vacancy.**

01. Name of the post : **Consultant (Medical)** on contractual basis for the departments mentioned below :

Anaesthesia	GI Medicine	Neurology	Pathology	Radiology
Cardiology	GI Surgery	Neurosurgery	Psychiatry	Urology
CTVS	Nephrology	Ophthalmology	Pulmonary Medicine	

02. Duration of Contract: The individual will be initially engaged for a period of **one year** but the period of engagement may be curtailed or extended at the discretion of the competent authority.

03. Consolidated Monthly Remuneration : 71,298/- per month

04. Basic Qualification: MD/MS/DNB with three years experience ; DM/M.Ch in concerned specialty.

Registration: Candidate must have/or applied for Additional Registration for PG Degree with MCI/ State Medical Councils. In case selected by BMHRC, they should register themselves with M.P. Medical Council

05. Criteria of Selection :

(i) Marks based on the qualification :

- a) Marks for percentage of marks (MBBS) : 55% - 64.99 %=2 Marks  
65%-74.99%= 3 Marks  
75 & and above= 5 Marks
- b) Gold Medal : 05 Marks Each (Maximum 10 Marks)
- c) Marks for Experience : 02 Marks for each complete year (Max. 10 Marks)  
(After MD/DNB/MS/Diploma)

(ii) Marks of interview (out of 70)

06. Age Limit upto 62 years relaxable up to 64 years in case of meritorious candidates. The upper age limit shall be determined as on **02.08.2017.**

07. Job Requirement ( Roles & Responsibilities ) : Various duties as Medical Consultant as assigned by the Director, BMHRC, Bhopal.

08. Place of Duty : The place of duty will be at BMHRC and its out reach health Centre, BMHRC, Bhopal

**NOTE : (i) Interested applicants are required to download the APPLICATION FORM from the website [www.bmhrc.org](http://www.bmhrc.org) & bring the duly filled application form along with complete biodata with original certificates and testimonials along with the attested copies of the same for the Walk -in-Interview.**

(ii) For Further details and any amendment/corrigendum please visit the above website

**Director, BMHRC, Bhopal**

## **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) Crucial date for determination of eligibility with regards to Educational Qualification and Experience will be the date of walk-in-interview ( i.e. on **02.08.2017** )
- iv) **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.
- v) The candidate should ensure that they should be present at Conference Room, Block-VI of BMHRC, Bhopal ( **09:00 a.m. )** on **02.08.2017** (date of Walk-in-interview).
- vi) 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.
- vii) **Application Form (hard copy only)** should be accompanied by copies of necessary documents duly self attested **by the candidate.**
- viii) 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.
- ix) 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.
- x) No correspondence or personal inquiries shall be entertained.
- xi) 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.

### **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) along with originals and should be submitted in person on **02.08.2017** to the office of the Director, BMHRC, Bhopal.

**Director, BMHRC, Bhopal**

# APPLICATION FORM

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

Affix a  
recent  
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Size  
Photograph

Advt. No. 56/2017

Walk-in-Interview on 02.08.2017 (Wednesday)

Application for the Post of : CONSULTANT (MEDICAL) on Contractual Basis

Name of the department : \_\_\_\_\_

Category (Tick the Applicable Word)

General  Scheduled Caste  Scheduled Tribe  Other Backward Class

Physically Handicapped

(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 Name : \_\_\_\_\_

4. Name of the Spouse : \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_

6. Age as on 02.08.2017 : 

Days	Months	Years
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7. Present Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

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

Email \_\_\_\_\_

8. Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

9. Nationality : \_\_\_\_\_

**10. 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 <sup>st</sup> Prof.						
MBBS 2 <sup>nd</sup> Prof.						
MBBS Final (Part-I)						
MBBS Final (Part-II)						
Total of all MBBS Exams						
MD/MS/DNB in _____						
DM / M.Ch _____						

**11. Permanent MCI/ State Medical Council Registration Details :**

Name of the Medical Council: \_\_\_\_\_

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

MD/MS/DNB Registration No. : \_\_\_\_\_ Place \_\_\_\_\_

DM / M.Ch Registration No. : \_\_\_\_\_ Place \_\_\_\_\_

**12. Current Activities :**

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**13. 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 )

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

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

**15. Details of relatives in BMHRC if any :**

Name	Post & Department	Telephone No. & e-mail

Contd...

**16. Declaration : ( Only for OBC category candidates)**

"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 and OM No. 36033/01/2013-Estt.(Res.) dated 27.05.2013.

**17. Any other information you wish to add :**

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**18. 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 MBBS(All Profs).....                                     | <input type="checkbox"/> |
| (iii) Degree of MBBS.....   | <input type="checkbox"/> |
| (iv) Under Graduate <b>attempt Certificate</b> .....                        | <input type="checkbox"/> |
| (v) Degree of MD/MS/DNB.....  | <input type="checkbox"/> |
| (vi) Degree of DM / M. Ch. ....   | <input type="checkbox"/> |
| (vii) Registration with MCI/ State Medical Council .....                    | <input type="checkbox"/> |
| (viii) SC/ST/OBC/PH certificate in prescribed format of Govt. of India..... | <input type="checkbox"/> |
| (ix) Experience Certificate (if any).....                                   | <input type="checkbox"/> |
| (x) No Objection Certificate (if the candidate is already in Service).....  | <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 :**