



भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र
BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

DEPT. OF HEALTH RESEARCH, MINISTRY OF HEALTH AND FAMILY WELFARE, GOVT. OF INDIA

Raisen Bypass Road, Karond, Bhopal – 462 038

(A 350 Bed Super-Specialty Hospital under Dept. of Health Research, Ministry of Health & Family Welfare, Govt. of India)

SENIOR RESIDENTS

Walk-in-Interview on 18/04/2018 (Wednesday) at 11:00 a.m.

(Reporting Time : 09 :00 a.m.)

Adv. No. 72/2018

The Bhopal Memorial Hospital and Research Centre, Bhopal invites applications from Indian Nationals in the prescribed form (**Annexure-I**) for the posts of **Senior Residents** on regular basis in the various specialties of this hospital as per details given below :

| Sl. No. | Departments | Eligibility Criteria | Vacancy | Category wise Break up of Post | | | |
|---------|--|---|-----------|--------------------------------|----|----|-----|
| | | | | UR | SC | ST | OBC |
| 1 | Anaesthesia | MS/MD/ DNB/DM/ M.Ch in concerned specialty. | 03 | 02 | 0 | 01 | 00 |
| 2 | Medicine Group (including Pulmonary Medicine) | | 04 | 03 | 0 | 0 | 01 |
| 3 | Pathology | | 01 | 0 | 0 | 01 | 0 |
| 4 | Radiology | | 01 | 01 | 0 | 0 | 0 |
| 5 | Surgery Group | | 03 | 02 | 0 | 0 | 01 |

Candidates with Diploma, will only be considered if PG Degree candidates are not available

Note: The number of vacant posts indicated above is provisional as per applicable roster, which may increase or decrease at the time of interview/selection. This is subject to change without any notice.

1. Eligibility Criteria :

- MBBS with Postgraduate Degree i.e. MS/MD/DNB/DM/M.Ch (approved by MCI) in the concerned specialty.
- In case of non-receipt of sufficient applications for the post of SR in any department in such cases age limit will be relaxed for 05 years for all categories.

Note : Candidates with Diploma, will only be considered if P.G.Degree candidates are not available.

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- **Registration:** Candidate must have/or applied for Additional Registration for PG Degree/ PG Diploma with MCI/ M.P. State Medical Council.
2. **Pay Scale :**
Pay as per pay Matrix (Level 11) under CCS (Revised pay) Rules 2016 and Allowances as admissible will be paid.
 3. **Age Limit:**
 - a) Not exceeding 33 years (relaxable by 5 years for SC/ST,3 years for OBC) as on **18/04/2018**.
 - b) Age Relaxation of 10 yrs. for Persons with Disability (15 years for SC/ST and 13 years for OBC candidates).
 4. **Reservation:**
All reservations will be considered in the above posts strictly in accordance with prescribed norms/rules.
 - a) SC/ST candidates to submit copy of community/caste certificate.
 - b) OBC candidates should submit OBC certificate as per Annexure-II having date of issue on or after 01.04.2013 vide OM No. 36036/2/2013-Estt. (Res. I) dated 31.03.2016 of DOPT, Ministry of Personal & Public Grievance & Pensions, New Delhi.
 - c) Persons with disability (PWD) to produce/submit a certificate issued by competent medical authority.
 5. **Tenure :**
The tenure of Senior Resident is for **Three Years** including any service rendered as Senior Resident earlier on adhoc / regular basis in any Govt. of India / State Government hospital. Under no circumstances, the total period of Senior Residency shall exceed three years, at the time of joining. The appointment will be initially for a period of one year, which could be extended for a period of three years on an annual basis subject to the satisfactory work & conduct report from the concerned HOD.

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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 date of walk-in-interview on **18/04/2018.**
- v) **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.
- vi) Other service conditions will be applicable as per service condition prescribed from time to time by the Government of India.
- vii) **The candidate should ensure that they should be present at 09:00 a.m. positively.**
- viii) 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.
- ix) **Application Form (hard copy only)** should be accompanied by copies of necessary documents duly self attested **by the candidate.**
- x) 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.
- xi) **Inter hospital / Inter Institutional transfer shall not be permitted.**

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- xii) 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.
- xiii) 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.
- xiv) No correspondence or personal inquiries shall be entertained.
- xv) 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.
- xvi) 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.
- xvii) Application should be accompanied by a Demand Draft of Rs.500/- for un-reserved & OBC candidates (non refundable), issued after the date of advertisement, drawn on a scheduled bank in India, in favour of Bhopal Memorial Hospital and Research Centre, Bhopal payable at Bhopal. SC/ST candidates and Persons with disability (PWD) candidates are exempted.**
- xviii)** The candidates are advised see the hospital website (www.bmhrc.org) frequently for any amendment OR corrigendum.
- xix)** 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.
 - (i) Certificate in support of age (10th class passing certificate)
 - (ii) Degree certificate of MBBS
 - (iii) Degree of MD/MS/DNB or Diploma certificate
 - (iv) Degree of DM/M.Ch
 - (v) Registration Certificate with MCI / State Medical Council (M.P.)

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- (vi) MBBS Passing Certificate and mark sheets.
- (vii) Internship completion certificate.
- (viii) Undergraduate/Post Graduate attempt Certificate
- (ix) Proof of Publication/presenting paper in conference
- (x) Caste/community/disability certificate where applicable.
- (xi) OBC certificate only as per Annexure II with required validity as mentioned at Para 4(b) above.
- (xii) Experience certificate (if any)
- (xiii) No objection certificate (if any)

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 as **Annexure I**.

**Director,
BMHRC, Bhopal**

APPLICATION FORM**BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE**

Raisen Bypass Road, Karond, Bhopal – 462038

(A 350 Bed Super-Specialty Hospital Under Department of Health Research (MoHFW), Govt. of India)

Affix a
recent
Pass Port
Size
Photograph**Walk-in-Interview on 18/04/2018 (Wednesday)****Advt. No.72/2018****Application for the Post of Senior Resident in the department of _____.**

| <u>Details of Demand Draft</u> | <u>Tick the Applicable Category</u> |
|--|--|
| DD No. <input type="text"/> Date: <input type="text"/> | General <input type="checkbox"/> Scheduled Caste <input type="checkbox"/> |
| Amount <input type="text"/> | Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/> |
| Name of the Bank <input type="text"/> | 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 (tick applicable word) Marital Status : Married / Unmarried

3. Father's/Mother's Name : _____

4. Spouse Name : _____

5. Date of Birth : _____ (in words) _____

6. Age as on **18/04/2018**

Years

Months

Days

7. Present Address : _____

_____ Telephone _____

e-mail : _____

8. Permanent Address : _____

_____ Telephone _____

9. Nationality : _____

10. Permanent MCI / State Medical Council Registration No. :

MBBS : Registration No. _____ Place _____

MD/MS/DNB/Diploma : Registration No. _____ Place _____

DM/M.Ch. : Registration No. _____ Place _____

11. Date of Completion of Internship : _____

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

| Name of Examination | Maximum Marks | Marks Obtained | % of Marks | No. of Attempts | Month & Year of Passing | College & University | Award/ Distinction |
|-----------------------------------|---------------|----------------|------------|-----------------|-------------------------|----------------------|--------------------|
| MBBS I Prof. | | | | | | | |
| II Prof. | | | | | | | |
| Final (Part-I) | | | | | | | |
| Final (Part-II) | | | | | | | |
| Total of all MBBS Exams | | | | | | | |
| MD/MS/DNB/ Diploma in _____ | | | | | | | |
| DM/ M.Ch. in _____ | | | | | | | |

13. Research Papers published :
If any (Give details & Proof)

14. Experience : (Details of service done earlier- enclose copies of Work Experience Certificates) if any

| Name of the Government Organization with full address | Designation | Duration of Tenure | | Total Period |
|---|-------------|--------------------|----|--------------|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |

(Use separate sheet if space is inadequate)

contd..

15. 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 class passing certificate) | _____→ | <input type="checkbox"/> |
| (ii) | Degree certificate of MBBS | _____→ | <input type="checkbox"/> |
| (iii) | Degree of MD/MS/DNB or Diploma certificate | _____→ | <input type="checkbox"/> |
| (iv) | Degree of DM/M.Ch | _____→ | <input type="checkbox"/> |
| (v) | Registration Certificate with MCI / State Medical Council (M.P.) | _____→ | <input type="checkbox"/> |
| (vi) | MBBS Passing Certificate and mark sheets. | _____→ | <input type="checkbox"/> |
| (vii) | Internship completion certificate. | _____→ | <input type="checkbox"/> |
| (viii) | Undergraduate/Post Graduate attempt Certificate | _____→ | <input type="checkbox"/> |
| (ix) | Proof of Publication/presenting paper in conference | _____→ | <input type="checkbox"/> |
| (x) | Caste/community/disability certificate where applicable. | _____→ | <input type="checkbox"/> |
| (xi) | OBC certificate only as per Annexure II with required validity as mentioned at para 4(b) above. | _____→ | <input type="checkbox"/> |
| (xii) | Experience certificate (if any) | _____→ | <input type="checkbox"/> |
| (xiii) | No objection certificate (if any) | _____→ | <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 : _____

ANNEXURE-II

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF
INDIA

This is to certify that Shri./Smt./ Kumari _____ son/daughter of _____ of village/town _____ in District/Division _____ in the State / Union Territory _____ belongs to the _____ community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated ____*. Shri/ Smt./ Kumari _____ and/or his/her family ordinarily reside (s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy layer) mentioned in Column 3 of the schedule to the Government of India. Department of Personnel & Training OM No. 36012/22/93-Est..(SCT) dated 08.09.1993 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.**

District Magistrate
Deputy Commissioner etc.

Dated :

Seal-

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note : The term "Ordinarily" used here with have the same meaning as in Section 20 of the Representation of the People Act, 1950.