



भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र  
**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,

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

Phones:- +91 755 2742212-16, FAX:- +91 755 2748309, Email: [bmhrcbhopal@gmail.com](mailto:bmhrcbhopal@gmail.com), Website : [www.bmhrc.org](http://www.bmhrc.org)

Advertisement No: BMHRC/Bhopal/2018/01

Date: 29/06/2018

**ROLLING ADVERTISEMENT FOR THE POST OF SENIOR RESIDENT**

**I** Bhopal Memorial Hospital and Research Centre, Bhopal invites application for the post of Senior Resident under Govt. of India.

**II** **Details of Vacancies for the post of Senior Residents ( Provided separately)**

*The vacancy position may be revised / changed, as per requirement hence candidates are advised to visit BMHRC website regularly.*

**III**

**The aspiring applicants satisfying the eligibility criteria in all respect can submit their application form (Annexure-I) along with the following documents in hard copies by speed post / by hand to the below mentioned address:**

- Certificate in support of age (10<sup>th</sup> class passing certificate)
- Degree certificate of MBBS
- Degree of MD/MS/DNB or Diploma certificate
- Degree of DM/M.Ch
- Registration certificate with MCI / State Medical Council (M.P.)
- MBBS Degree certificate and mark sheets.
- Internship completion certificate.
- Undergraduate/Post Graduate attempt certificate
- Proof of Publication/Presenting paper in conference
- Caste/community/disability certificate where applicable.
- OBC certificate only as per Annexure II with required validity as mentioned at Para 4(b) above.
- Experience certificate (if any)
- No objection certificate (if any)

**The Director**  
**Bhopal Memorial Hospital and Research Centre**  
**Administrative Block, Raisen Bypass Road**  
**Karond, Bhopal – 462038 (M.P.)**

**(The envelope containing the hard copy of application form must be superscribed as “Application for the post of Senior Resident in Department of .....**

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**IV Pay Scale:**

Pay as per pay Matrix (Level 11) under CCS (Revised pay) Rules 2016 and Allowances as admissible will be paid

**V Eligibility Criteria:**

**a.** MBBS with Postgraduate Degree i.e. MS/MD/DNB/DM/M.Ch (approved by MCI) in the concerned specialty.

**B** 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

**C** Candidate must have/or applied for Additional Registration for PG Degree/ PG Diploma with MCI/ M.P. State Medical Council

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

**VI Age Limit:**

**A** Not exceeding 33 years (relaxable by 5 years for SC/ST, 3 years for OBC) as on the date of Interview.

**B** Age Relaxation of 10 yrs. for Persons with Disability (15 years for SC/ST and 13 years for OBC candidates).

**VII 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

**VIII 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.

**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.

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- iv** Crucial date for determination of eligibility with regards to Educational Qualification and Experience will be the date of interview.
- v The interested applicants may submit their candidature as per the attached application form (Annexure-I) along with all relevant documents as mentioned above in point no. III at any point of time. Application Form (hard copy only) should be accompanied by copies of necessary documents duly self attested by the candidate for verification on the date of Interview
- vi The applications submitted shall be evaluated by the competent authority and if found eligible they shall be called for interview as and when requirement arises.
- vii The interview call letters shall be sent by speed post/email however the hospital shall not be responsible for any postal delay/ lapse, whatsoever.
- viii 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
- ix Other service conditions will be applicable as per service condition prescribed from time to time by the Government of India
- x All original documents as mentioned above in point no. III will have to be brought by the candidate at the time of interview for verification
- xi 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
- xii Inter hospital / Inter Institutional transfer shall not be permitted.
- xiii 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
- xiv 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
- xv No correspondence or personal inquiries shall be entertained.
- xvi 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
- xvii 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.
- xviii **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**
- xix The candidates are advised see the hospital website ([www.bmhrc.org](http://www.bmhrc.org)) frequently for any amendment OR corrigendum

**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**



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)

**Rolling Advertisement for Appointment of  
Senior Residents at BMHRC, Bhopal**

Advertisement No. BMHRC/Bhopal/2018/01

Dated : 29.06.2018

**Details of vacancy for the post of Senior Residents**

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	0
2	Medicine Group (including Pulmonary Medicine)		01	01	0	0	0
3	Microbiology		01	01	0	0	0
4	Pathology		02	0	01	0	01
5	Radiology		02	02	0	0	0
6	Surgery Group		04	03	0	0	01
<b>Candidates with Diploma, will only be considered if PG Degree candidates are not available</b>							

The vacancy position may be revised/changed as per requirement hence, candidates are advised to visit BMHRC website regularly.

Director  
BMHRC, Bhopal

**ANNEXURE – I**

**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

**Application for the Post of Senior Resident in the department of**

<i>Details of Demand Draft</i>		<b>Tick the Applicable Category</b>	
<b>DD.No.</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Amount</b>	<input type="text"/>		
<b>Name of Bank</b>	<input type="text"/>		
	<b>General</b>	<input type="checkbox"/> Scheduled Caste	<input type="checkbox"/>
	Scheduled Tribe	<input type="checkbox"/> Other Backward Class	<input type="checkbox"/>
	Physically Handicapped (PH) (Enclose proof of Caste Certificate issued by a Competent Authority)		<input type="checkbox"/>

- 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 Word) \_\_\_\_\_
- 6 Age as on : \_\_\_\_\_ 

Year	Month	Days
------	-------	------
- 7 Present Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_
- 8 Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_
- 9 Nationality : \_\_\_\_\_

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- 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	Maxi 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)

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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<sup>th</sup> 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.)
- (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)


**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.”

\_\_\_\_\_  
(Signature of the applicant)

Full Name : \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_