



भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र, भोपाल

**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, GOVERNMENT OF INDIA  
रायसेन बायपास रोड, भोपाल- 462 038 (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)

**VACANCY- 01 (UR)**

**LAB TECHNICIAN ON (CONTRACTUAL BASIS)**

**Walk-in-Interview on 10/08/2018 ( Friday ) at 11:00 a.m.**

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

**Adv. No. 75/2018**

Bhopal Memorial Hospital & Research Centre for the project titled “Multi-Centric validation of ‘TB-Detect’ and TB Concentration and Transport’ kit and TB DNA extraction’ kit for the diagnosis of TB and drug resistant TB” under “**Indian Council of Medical Research**” proposes to fill up the following vacancy on purely contractual basis.

**Applications are invited for the above vacancies on the terms and conditions as given below:-**

| Sl. No | Minimum Qualification | Essential requirement & Desirable  | Job specialization / responsibilities   | Remuneration                          |
|--------|-----------------------|--|---|---------------------------------------|
| 1      | M.Sc. (Microbiology)  | Experience of working in TB Laboratory for at least one year with on hands experience of nucleic acid extraction procedures in bio safety cabinets.<br><br><b>DESIRABLE :</b><br>Excellent Computer skill. | Smear microscopy by kit, microscopy by LED-FM and ZN methods, sputum processing, MGIT culture, Bio-safety check, MGIT-DST, DST by test kit using LPA, conventional LPA, Xpert MTB/RIF at each site. | Remuneration of Rs.17040/- per month. |

2. Upper Age Limit : 32 years for Lab Technician. The upper age limit shall be determined on 10/08/2018.

3. Duration of Project : Till 31<sup>st</sup> December 2018

4. Remuneration: Rs.17040/- per month.

5. No TA/DA is admissible for the interview.

6. The appointee will not be granted any claim or right for regular appointment to any post.

7. 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.

Contd..

**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 on 10/08/2018.
- 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) Other service conditions will be applicable as per service condition prescribed from time to time by the Government of India.
- vi) **The candidate should ensure that they should be present at 09:00 a.m. positively.**
- vii) 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.
- viii) **Application Form (hard copy only)** should be accompanied by copies of necessary documents duly self attested **by the candidate**.
- ix) 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.
- x) **Inter hospital / Inter Institutional transfer shall not be permitted.**
- xi) 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.
- xii) 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.
- xiii) No correspondence or personal inquiries shall be entertained.
- xiv) 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.
- xv) 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.

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- xvi) **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.**
- xvii) The candidates are advised see the hospital website ([www.bmhrc.org](http://www.bmhrc.org)) frequently for any amendment OR corrigendum.
- xviii) 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.

**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) UG Degree (Certificate & Mark sheets )                               | _____→ | <input type="checkbox"/> |
| (iv) PG Degree (Certificate & Mark sheets )                                | _____→ | <input type="checkbox"/> |
| (v) Experience Certificate   | _____→ | <input type="checkbox"/> |
| (vi) SC/ST/OBC Certificate in prescribed format of Govt. of India          | _____→ | <input type="checkbox"/> |
| (vii) No Objection Certificate (if the candidate is already in the service | _____→ | <input type="checkbox"/> |

**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 as **Annexure-I**.

Director  
BMHRC, Bhopal

**Note :** 1. **Application Form attached herewith.**  
2. **For any further amendment / corrigendum please visit the above website.**

**Bhopal Memorial Hospital & Research Centre**  
**Raisen Bypass Road, Karond, Bhopal-462038 (MP)**  
 (Under Department of Health Research), Govt. of India)  
**APPLICATION FORM**

|  |
|--|
| Affix a<br>recent<br>Pass Port<br>Size<br>Photograph |
|--|

**Advt. No. 75/2018**

**Application for the project titled "Multi-Centric validation of 'TB-Detect' and TB Concentration and Transport' kit and TB DNA extraction' kit for the diagnosis of TB and drug resistant TB" under "Indian Council of Medical Research"**

Application for the Post of : **Lab Technician (Contractual)**

| <b><u>Details of Demand Draft</u></b>                   | <b><u>Tick the Applicants Category</u></b>   |
|---|--|
| 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"/>                 | (Enclose proof of Caste Certificate issued by Competent Authority)                     |

- Name of the Applicant : \_\_\_\_\_
- Sex : Male / Female (tick applicable word)      Marital Status : Married / Unmarried
- Father's Name : \_\_\_\_\_
- Name of the Spouse : \_\_\_\_\_
- Date of Birth : \_\_\_\_\_
- Age as on **10.08.2018**

|      |        |      |
|------|--------|------|
| Year | Months | Days |
|------|--------|------|
- Present Address : \_\_\_\_\_  
 : \_\_\_\_\_  
 : \_\_\_\_\_  
 Mobile No. \_\_\_\_\_  
 Email : \_\_\_\_\_
- Permanent Address : \_\_\_\_\_  
 : \_\_\_\_\_  
 : \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Mobile No. : \_\_\_\_\_

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

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

| Name of Examination | Maximum Marks | Marks Obtained | % of Marks | Month & Year of Passing | College & University | Awards/ Distinction |
|---------------------|---------------|----------------|------------|-------------------------|----------------------|---------------------|
|                     |               |                |            |                         |                      |                     |
|                     |               |                |            |                         |                      |                     |
|                     |               |                |            |                         |                      |                     |

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)

contd...

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

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

14. Any other information you wish to add :

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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> )                     | _____→ | <input type="checkbox"/> |
| (ii) Mark Sheet of 10+2 .  | _____→ | <input type="checkbox"/> |
| (iii) UG Degree (Certificate & Mark sheets )                               | _____→ | <input type="checkbox"/> |
| (iv) PG Degree (Certificate & Mark sheets)                                 | _____→ | <input type="checkbox"/> |
| (v) Experience Certificate   | _____→ | <input type="checkbox"/> |
| (vi) SC/ST/OBC Certificate in prescribed format of Govt. of India          | _____→ | <input type="checkbox"/> |
| (vii) No Objection Certificate (if the candidate is already in the 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 \_\_\_\_\_