

**BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE**

**Raisen Bypass Road, Karond, Bhopal – 462 038**

(A 350 Bed Super- Specialty Hospital Under Department of Indian Council of Medical Research(ICMR), Department of Health Research (MoH&FW), Govt. of India)

**V A C A N C I E S – CONSULTANT FOR NEPHROLOGY &  
NEUROLOGY (CONTRACTUAL)**

**Advertisement No.05/2013**


**WALK -IN- INTERVIEW ON 08 MAY 2013**

**Reporting Time : 09:30 a.m.**

Bhopal Memorial Hospital Proposes to fill up the posts of consultant, purely on **contract basis** for a period of six months and may be extended upto one year.

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

1. **Qualification:** DM/DNB in respective speciality.
2. **Remuneration: On Consolidated pay of Rs. 53680/- plus HRA @ 20% of Pay Band-3 & Grade Pay.** The contractual appointee will not be entitled to any allowances, financial benefits or concessions as admissible to Govt. employees. Income Tax will be deducted at source on monthly basis.
3. No TA/DA is admissible for the interview.
4. The appointee will not be granted any claim or right for regular appointment to any post.
5. 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.

 **Application Form (hard copy only )** all original documents of Qualification & Experience will have to be brought by you with copies of all documents (duly attested by a Gazetted Officer) and accompanied with non refundable Demand Draft of Rs.500/- for General & OBC candidates and Rs.100/- for SC/ST candidates, drawn in favour of “**Bhopal Memorial Hospital & Research Centre**” and payable at Bhopal, purchased after the date of advertisement .

**Director  
BMHRC**

**भोपाल मेमोरियल अस्पताल एवं अनुसंधान केन्द्र, भोपाल**

रायसेन बायपास रोड, करोंद चौराहा के पास, भोपाल- 462038

( 350 बिस्तरों वाला बहु विशिष्टीय चिकित्सालय जो भारतीय आयुर्विज्ञान अनुसंधान परिषद,  
भारत सरकार के अधीन है)

**विज्ञप्ति क्रमांक : 05/2013**

**साक्षात्कार : 08 मई 2013**

**रिपोर्टिंग का समय : प्रातः 09:30 बजे**

**पद का नाम :- कन्सल्टेन्ट (कॉन्ट्रैक्ट्युवल्)**

**विभाग :- 1. नेफ्रोलॉजी**

**2. न्युरोलॉजी**

**संचालक**

**बी.एम.एच.आर.सी., भोपाल**

## APPLICATION FORM

### **BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE**

Raisen Bypass Road, Karond, Bhopal-462038 (MP)

(A 350 Bed Super- Specialty Hospital Under Department of Indian Council of Medical Research (ICMR), Department of Health Research (MoH&FW), Govt. of India)

Affix a recent  
Pass Port Size  
Photograph

**Advt. No. 05/2013**

### **Application for the Post of :-Consultant (Nephrology/Neurology)**

(Please tick the applicable post)

<u>Details of Demand Draft</u>	<u>Category (Tick the Applicable Word)</u>
DD No <input style="width: 100px;" type="text"/> Dated <input style="width: 100px;" type="text"/>	General <input style="width: 40px;" type="checkbox"/> Scheduled Caste <input style="width: 40px;" type="checkbox"/>
Amount <input style="width: 100px;" type="text"/>	Scheduled Tribe <input style="width: 40px;" type="checkbox"/> Other Backward Class <input style="width: 40px;" type="checkbox"/>
Name of the Bank <input style="width: 150px;" type="text"/>	Physically Handicapped <input style="width: 40px;" type="checkbox"/>
	(Enclose proof of Caste Certificate issued by Competent Authority)

1. Name of the Applicant : \_\_\_\_\_

2. Sex : Male / Female (tick applicable word) Marital Status : Married / Unmarried

3. Father's / Husband's Name : \_\_\_\_\_

4. Spouse Name: \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_ Age \_\_\_\_\_  
DD MM YY (Enclose proof of Birth Certificate)

Age as on 08<sup>th</sup> May 2013 \_\_\_\_\_

6. Present Address : \_\_\_\_\_

Telephone No. \_\_\_\_\_ email : \_\_\_\_\_

7. Permanent Address : \_\_\_\_\_

Telephone No. \_\_\_\_\_

8. Nationality : \_\_\_\_\_

Contd...2/-

**9. Permanent MCI / State Medical Council Registration No. & Place of Registration :****MBBS : Registration No** \_\_\_\_\_ **Place** \_\_\_\_\_**MD/MS/DNB:Registration No** \_\_\_\_\_ **Place** \_\_\_\_\_**DM/DNB Registration No** \_\_\_\_\_ **Place** \_\_\_\_\_**10. Details of Educational Qualifications:**

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	No. of Attempts	College & University	Award / Distinction
MBBS I Prof. ↓						
II Prof.						
Final (Part-I)						
Final (Part-II)						
Total of all MBBS Exams						
MD/MS/DNB/ Diploma						
DM/DNB						

**11. Thesis / Dissertation Title where applicable :** \_\_\_\_\_**12. National/ International conferences/ seminars etc. attended.****List with title of papers presented, if any( Use separate sheet if space is inadequate )**


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**13. Membership of National and International Bodies with dates:-****(a) National:****(b) International:****14. Publications** ( Attach list of Publications)

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**15. Current Activities :**


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**16. Experience** :Experience certificate issued by the competent authority clearly indicating dates (from and to) stating the nature of the job and required details.  
(Particulars of Employments held should be given in chronological order: )

Name of the Employer & Address	Post Held	Period		Nature of Work performed or being performed	Salary Drawn
		From	To		

( Use separate sheet if space is inadequate )

contd.....4/-

**16. Are you being considered for any appointment /scholarship elsewhere ? If so please give details**

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**17. Notice required for Joining the Post :** \_\_\_\_\_

**18. References:**

(These should be persons resident of India and holders of responsible position. They should be intimately acquainted with the applicant's character and work, but must not be relatives. Where the candidate has been in employment, he/she would either give his/her present or most recent employer or immediate superior as a reference or produce testimonials from him in regard to the candidate's suitability for the post which he/she is an applicant).

S.No.	Name	Occupation or Position	Address & Contact No.
1			
2			
3			

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

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**20. Check List : ( Please tick in the box given below as proof of enclosures.  
All Certificates must be attested by a Gazetted Officer and be attached in the following order :**

- (i) Certificate in support of age ( 10<sup>th</sup> ) .
- (ii) Mark Sheets of MBBS (I, II & Final year).
- (iii) Degree of MBBS.
- (iv) MD/MS/DNB/ Diploma Pass Certificate.
- (v) DM/M.Ch/DNB (Super Speciality).
- (vi) Under Graduate / Postgraduate attempts certificate.
- (vii) Registration with MCI/State Medical Council (MP).
- (viii) SC/ST/OBC certificate in prescribed format of Govt. of India.
- (ix) Experience Certificate.
- (x) No Objection Certificate(if the candidate is already in Service).


**contd.....5/-**

**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 :**