

**भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र, भोपाल**  
**BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE, BHOPAL**

रायसेन बायपास रोड, करोंद चौराहा के पास, भोपाल - 462038  
(350 बिस्तरों वाला बहु विशिष्टीय चिकित्सालय जो भारतीय आयुर्विज्ञान अनुसंधान परिषद, स्वास्थ्य और परिवार कल्याण विभाग, भारत सरकार के अधीन है )

**रिक्तियों (VACANCIES)**

**विज्ञप्ति क्रमांक : 34/2015**

**सीनियर रेजिडेंट (Senior Residents)**

**आवेदन प्राप्ति की अंतिम तिथि : 26/05/2015**

**साक्षात्कार दिनांक : 17.06.2015 ( बुधवार ) समय सुबह 11:30 बजे**

**रिपोर्टिंग समय - 10:00 बजे**

**सीनियर रेजिडेंट (Senior Residents) :**

क्रमांक	विभाग	कुल रिक्त पदों की संख्या	अनु. जाति	अनु. जन जाति	अन्य पिछड़ा वर्ग	अनारक्षित
1	निश्चेतना (Anaesthesia)	1	0	0	0	1
2	मेडिसिन समूह (Medicine Group)	4	0	0	1	3
3	छाती एवं श्वास रोग (Pulmonary Medicine)	1	0	0	0	1
4	शल्य चिकित्सा समूह (Surgery Group)	5	0	0	1	4
5	विकिरण चिकित्सा (Radiology)	2	0	0	0	2
6	रक्ताधान चिकित्सा विभाग (Transfusion Medicine)	1	0	0	0	1

- टीप :-**
- रिक्त पदों की संख्या को आवश्यकतानुसार साक्षात्कार के समय बढ़ाया या घटाया जा सकता है ।
  - विकलांगता आरक्षण भारत सरकार के नियमानुसार लागू होगा ।
  - साक्षात्कार हेतु चयनित अभ्यर्थियों की सूची के लिए वेबसाइट का अवलोकन करें ।

निदेशक  
बीएमएचआरसी, भोपाल

- नोट:-
- विस्तृत जानकारी एवं आवेदन प्रपत्र संलग्न ।
  - किसी भी प्रकार के जारी संशोधन के लिए वेबसाइट का अवलोकन करें ।

## **BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE**

Raisen Bypass Road, Karond, Bhopal – 462 038  
(A 350 Bed Super-Specialty Hospital under Indian Council of Medical Research (ICMR),  
Department of Health Research, Ministry of Health & Family Welfare, **Govt. of India**)

**Advt. No.34 / 2015**

### **VACANCIES** **SENIOR RESIDENTS**

**LAST DATE OF RECEIPT OF APPLICATION: 26/05/2015**

**INTERVIEW ON : 17.06.2015 ( WEDNESDAY ) AT 11:30 a.m.**

**Reporting Time : 10:00 a.m.**

Applications on prescribed forms are invited from the Indian Citizens for the following posts.

Discipline	Qualification	Total No. of Posts Vacant	SC	ST	OBC	UR
Anaesthesia	MD/DNB in Anaesthesiology	1	0	0	0	1
Medicine Group	MD/DNB in Medicine	4	0	0	1	3
Pulmonary Medicine	MD/DNB in Pulmonary Medicine	1	0	0	0	1
Surgery Group	MS/DNB in Surgery	5	0	0	1	4
Radiology	MD/DNB in Radiology	2	0	0	0	2
Transfusion Medicine	MD/DNB in Transfusion Medicine	1	0	0	0	1

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

**Note :** Vacancies may increase or decrease at the time of interview .

Reservation for persons with disability will be available as per Govt. Rules.

Short listed candidate list will be available on website.

**Director, BMHRC**

**Note :** 1. Application Form & further details attached.

2. For any further amendment/corrigendum please visit the website.

- **SENIOR RESIDENTS**
- **Eligibility Criteria** :  
MBBS with Postgraduate Degree (approved by MCI) in the concerned specialty.  
Note:- Candidates with Diploma, will only be considered if P.G. Degree candidates are not available.
- **Registration** :Candidate must have/or applied for Additional Registration for PG Degree/ PG Diploma with MCI/ M.P. State Medical Council.
- **Pay Scale** : PB-3 (15600-39100) + GP of Rs.6600 + 25% NPA + other admissible allowances
- **Upper Age limit**: 33 yrs. (Relaxable upto 3 years for OBC candidates (not belonging to creamy layer) in accordance with the instructions issued by the Department of Personnel and Training from time to time in this regard). The Upper age limit shall be determined as on **i.e. 26.05.2015.**
- **Incase of non receipt of sufficient applications for the post of SR in any department in such cases age limit will be relaxed for 5 years for all categories.**

**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. 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.
- (iv) Crucial date for determination of eligibility with regards to Educational Qualification, Age and Experience will be the closing date of application **i.e. 26.05.2015.**
- (v) Candidates are advised in their own interest to apply much before the closing date and should not wait till the last date.
- (vi) In case the last date of receipt of application is declared holiday, the last date for receipt of the application will be considered as next working day.
- (vii) Incomplete applications in any respect will not be considered. All previous applications received in this hospital are treated as canceled and only application in response to this advertisement on prescribed pro forma attached herewith will be considered.

- (viii) Applications received late, unsigned and or without fee will not be entertained. The Hospital will not be responsible for late receipt of application due to postal delay.
- (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) Candidates serving in Govt./ Autonomous bodies should apply Through Proper Channel.
- (xi) The candidates, who are employed 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 straight away be rejected.
- (xii) Other service conditions will be applicable as per service condition prescribed from time to time by the ICMR/ Govt. of India.
- (xiii) No correspondence or personal inquiries shall be entertained.
- (xiv) The appointment to the said post will be subject to physical fitness from the competent medical board for which he will be sent to designated medical authority by the Institution before joining the post.
- (xv) **OBC Certificate for the purpose of age relaxation will mean “PERSONS OF OBC CATEGORY NOT BELONGING TO CREAMY LAYER” as defined in DOPT’s OM No. 36012/22/93-Estt (SCT) dated 8.9.1993 & modified vide O.M.No.36033/3/2004-Estt (Res.) dated 9.3.2004 and 14.10.2008 and subsequently revised vide O.M.No.36035/1/2013-Estt. (Res.) dated 27.5.2013.**

The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for assuming that the candidate does not fall in the Creamy Layer on the reckoning date. The candidate should furnish the relevant OBC certificate in the format prescribed for Govt. Job and furnish declaration. OBC candidate must, therefore, furnish valid and updated OBC certificate which should specifically include the clause regarding “Exclusion from Creamy Layer” in order to get age relaxation.

#### **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) and should be submitted in person or by post to the office of the Director, BMHRC, Bhopal on above mentioned address latest by **26.05.2015** along with non refundable Demand Draft of Rs.500/- for General & OBC Candidates and Rs.300/- 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**

## APPLICATION FORM

### BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

Raisen Bypass Road, Karond, Bhopal – 462038  
(A 350 Bed Super- Specialty Hospital Under Department of Indian Council of Medical  
Research (ICMR), Department of Health Research (MoHFW), Govt. of India)

Affix a  
recent  
Pass Port  
Size  
Photograph

Advt. No.34/2015

Application for the Post of : **SENIOR RESIDENTS** ( \_\_\_\_\_ )

<u>Details of Demand Draft</u>	<u>Tick the Applicable Category</u>
DD No <input style="width: 100px;" type="text"/> Date <input style="width: 100px;" type="text"/>	General <input type="checkbox"/> Scheduled Caste <input type="checkbox"/>
Amount <input style="width: 150px;" type="text"/>	Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/>
Name of the Bank <input style="width: 250px;" type="text"/>	(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/Mother's Name : \_\_\_\_\_

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

5. Date of Birth : \_\_\_\_\_ (in words)\_\_\_\_\_

6. Age : (as on **26/5/2015**)

Years	Months	Days
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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 \_\_\_\_\_

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							

13. Experience : ( Enclose copies of Work Experience Certificates ) if any

Name of the Present/Previous Employer & Address /Contact Nos.	Present/ Previous Post	Period		Nature of Work
		From	To	

( Use separate sheet if space is inadequate )

14. **Declaration** : ( Only for OBC category candidates for age relaxation).

"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.

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 Sheets of MBBS (All profs) _____                                  | → | <input type="checkbox"/> |
| (iii) Internship Completion Certificate _____                               | → | <input type="checkbox"/> |
| (iv) Degree of MBBS _____   | → | <input type="checkbox"/> |
| (v) MD/MS/DNB/ Diploma Pass Certificate _____                               | → | <input type="checkbox"/> |
| (vi) Attempt certificate (Graduation / Post Graduation) _____               | → | <input type="checkbox"/> |
| (vii) Registration with MCI/State Medical Council (MP). _____               | → | <input type="checkbox"/> |
| (viii) SC/ST/OBC 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 : \_\_\_\_\_