



भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र

**BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE**

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



**Advertisement No: 85/2020**

**Date: 12<sup>th</sup> May 2020**

**VACANCIES – CONTRACTUAL GDMO AT BMHRC, BHOPAL**  
**WALK IN-INTERVIEW ON 23/05/2020 (SATURDAY) at 11:00 a.m.**  
**at Conference Room, Block-VI of BMHRC, Bhopal**  
**Reporting time : 09:00 a.m.**

- I** Applications are invited on Contract Basis from interested doctors who are willing to be empanelled as **Contractual GDMO at BMHRC** initially for a period of 01 (one) year and **extendable further if previous service found satisfactory as per the requirement and discretion of the Competent Authority. The appointment will be as per the available vacancy.**
- II** **The aspiring applicants satisfying the eligibility criteria in all respect can submit their application form (Annexure-A) 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>)
  - \* Mark Sheet of MBBS(All Profs)
  - \* Degree of MBBS
  - \* Internship completion Certificate
  - \* Registration with MCI/ State Medical Council.
  - \* SC/ST/OBC/PH certificate in prescribed format of Govt. of India
  - \* Experience Certificate (if any).
  - \* No Objection Certificate (if the candidate is already in Service)

**Application Form (hard copy only)** should be accompanied by copies of necessary documents (duly self attested) along with originals and should be submitted in person on **23/05/2020** to the office of the Director, BMHRC, Bhopal.

For Further details and any amendment/corrigendum please visit the [www.bmhrc.ac.in](http://www.bmhrc.ac.in)

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 super scribed as “Application for the post of Contractual GDMO at BMHRC”)**

Contd..

III **Monthly Remuneration: Rs.75,398/- per month**

IV **Eligibility Criteria:**

I. A recognized Bachelor of Medicine and Bachelor of Surgery (MBBS) degree qualification included in the First Schedule or Second Scheduled or Part II of the Third Schedule (Other than licentiate qualifications) to the Indian Medical Council Act, 1956 (102 of 1956). Holders of educational qualifications included in Part II of the third Schedule should also fulfill the conditions specified in sub-section (3) of section 13 of the Indian Medical Council Act, 1956 (102 of 1956).

II. Completion of compulsory rotating internship.

VI Criteria of Selection : By interview

VII Job Requirement (Roles & Responsibilities): Various duties as GDMO as assigned by the Director, BMHRC, Bhopal.

VIII Age Limit: 35 years.

IX **Duration of Contract:**

The individual will be initially engaged for a period of 01 (one) year and **extendable further if previous service found satisfactory, as per the requirement and discretion of the Competent Authority.**

**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 ( **i.e. on 23.05.2020**)

**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.
- 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 The candidates are advised see the hospital web-site ([www.bmhrc.ac.in](http://www.bmhrc.ac.in)) 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 A**

**For Further details and any amendment/corrigendum please visit the above website.**

Director,  
BMHRC, Bhopal

**ANNEXURE- A**

**APPLICATION FORM**

भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र

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Photograph

Adv. No. 85/2020

**Walk in interview on 23.05.2020**

**Application for the Post of : Contractual GDMO at BMHRC**

<b>Category (Tick the Applicable Word)</b>			
General	<input type="checkbox"/>	Scheduled Caste	<input type="checkbox"/>
		Scheduled Tribe	<input type="checkbox"/>
		Other Backward Class	<input type="checkbox"/>
Physically Handicapped	<input type="checkbox"/>		
(Enclose proof of Caste Certificate issued by Competent Authority)			

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

2. Sex : Male  Female  Marital Status : Married  Unmarried

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

4. Name of the Spouse : \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_

6. Age as on 23.05.2020 : 

Days	Months	Years
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7. Present Address : \_\_\_\_\_  
: \_\_\_\_\_  
; \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile : \_\_\_\_\_

Email \_\_\_\_\_

8. Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_  
; \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile : \_\_\_\_\_

Email \_\_\_\_\_

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

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

Examination	Maximum Marks	Marks Obtained	% of Marks	Month & Year of Passing	Name of the College & University	Award / Distinction
MBBS 1 <sup>st</sup> Prof.						
MBBS 2 <sup>nd</sup> Prof.						
MBBS Final (Part-I)						
MBBS Final (Part-II)						
Total of all MBBS Exams						

**11. Permanent MCI/ State Medical Council Registration Details :**

Name of the Medical Council: \_\_\_\_\_

MBBS Registration No. \_\_\_\_\_ Place \_\_\_\_\_

**12. Current Activities:**

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**13. 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 )

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

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

**15. Details of relatives in BMHRC if any :**

Name	Post & Department	Telephone No. & e-mail

Contd. ...

**16. Declaration : ( Only for OBC category candidates)**

“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.

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

\_\_\_\_\_

**18. 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 MBBS(All Profs).....                                      | <input type="checkbox"/> |
| (iii) Degree of MBBS.....  | <input type="checkbox"/> |
| (iv) Internship completion Certificate.....                                  | <input type="checkbox"/> |
| (v) Registration with MCI/ State Medical Council .....                       | <input type="checkbox"/> |
| (vi) SC/ST/OBC/PH certificate in prescribed format of Govt. of India .....   | <input type="checkbox"/> |
| (vii) Experience Certificate (if any) .....                                  | <input type="checkbox"/> |
| (viii) 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 :**