



भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र
BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

(Indian Council of Medical Research (ICMR), Department of Health Research (MoH&FW), Govt. of India)
Affiliated with MP Medical Science University, Jabalpur

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

Phones:- +91 755 2742212-16, FAX:- +91 755 2748309,

Email: recruitmentbmhrc@gmail.com, Website : www.bmhrc.ac.in



Adv. No: 132/BMHRC/Bhopal/2023

Date: 22.11.2023

VACANCIES – 11 Nos.

FOR THE POST OF SPECIALIST GR-III ON CONTRACT BASIS

LAST DATE FOR SUBMISSION OF APPLICATION: 06th December 2023 (WEDNESDAY)

Applications are invited on Contract Basis from interested doctors who are willing to be empanelled as **Specialist Gr.-III on Contract basis** for a period of One year or till the permanent post is filled up by a regular incumbent whichever is earlier. The appointment will be as per the available vacancy.

Position	Department	Total Vacancies	Upper Age Limit
Specialist Grade III (on contract basis)	Medicine	06	Not exceeding forty years. Relaxable for Government servants/SC/ST/OBC & PwBD in accordance with the instructions or orders issued by the Central Government.) Note: The crucial date for determining the age-limit shall be the closing date for receipt of applications from candidates in India.
	Ophthalmology	05	

I. The aspiring applicants satisfying the eligibility criteria in all respect may submit their application form (Annexure-I) duly filled with self attested copies of all credentials in support of educational qualifications, age, caste/community (scanned copies) by email (recruitmentbmhrc@gmail.com) however, the hard copy may be send through speed post / by hand to the below mentioned address so as to reach the same **latest by 06/12/2023**. **The envelope containing the hard copy of application form must be super-scribed “Application for the post of Specialist Gr.-III on Contract basis at BMHRC”.**

- * Certificate in support of age (10th)
- * Mark Sheet of MBBS (All Profs)
- * Degree of MBBS
- * Internship completion Certificate
- * Degree/Diploma of concerned specialty (as applicable)
- * Degree of MD/MS & DM/ DNB in concerned specialty (as applicable)
- * Registration with MCI/NMC/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)

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

2. **Monthly Remuneration: Rs.1,00,000/- per month. (Consolidated)**

3. **Eligibility Criteria :** please refer Annexure – A

I. Criteria of Selection :

i) Marks based on the qualification :

a) Marks for percentage of marks (MBBS) : 55% - 64.99 %=2 Marks
65%-74.99%= 3 Marks
75% & and above= 5 Marks

b) Gold Medal : 05 Marks Each (Maximum 10 Marks)

c) Marks for Experience : 02 Marks for each complete year (Max.10 Marks)
(After obtaining first Post Graduate Degree/diploma)

ii) Marks of interview (out of 75)

Job Requirement (Roles & Responsibilities): Various duties as **Specialist Gr-III** assigned by the HOD of the concerned department /Director, BMHRC, Bhopal.

II. **Place of Duty :** The place of duty will be at Out Reach Health Centre/BMHRC, Bhopal.

III. **Age Limit :** Not exceeding forty years. Relaxable for Government Servants/SC/ST/OBC & PwBD in accordance with the instructions or orders issued by the Central Government.)

Note: The crucial date for determining the age-limit shall be the closing date for receipt of applications from candidates in India.

IV. Reservation is applicable as per Govt. of India norms.

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

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

VII. 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.

VIII. The individual will be initially engaged for a period of one year or till the Permanent post is filled up by a regular incumbent whichever is earlier.

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 closing date of application i.e. **06/12/2023**.
- 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.1 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.1 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 duly filled with self attested copies of all credentials in support of educational qualifications, age, caste/community (hard copies) by email (recruitmentbmhrc@gmail.com) however, the hard copy may be send through speed post / by hand to the below mentioned address so as to reach the same **latest by 06/12/2023**
- 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.590/-** (inclusive of GST) for un-reserved, EWS & 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.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 -B**.

Director Incharge
BMHRC, Bhopal

Eligibility Criteria**Essential:**

- (I) A recognized Bachelor of Medicine and Bachelor of Surgery (M.B.B.S.) degree qualification included in the First Schedule or Second Schedule 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) Post graduate degree or diploma in the concerned specialty namely: -
- (A) Medicine-Doctor of Medicine (Medicine);or Doctor of Medicine (General Medicine);
- Or
- (B) Ophthalmology- Master of Surgery (Ophthalmology), or Doctor of Medicine (Ophthalmology), or Diploma in Ophthalmology, or Diploma in Ophthalmic medicine and surgery.
- (III) Three years experience in the concerned specialty or super specialty after obtaining the first postgraduate degree or five years experience after the postgraduate diploma.

Note 1: Discipline-wise educational qualification and experience shall be prescribed at the time of the advertisement.

Note 2: Qualifications are relaxable at the discretion of the Competent Authority for reasons to be recorded in writing, in the case of candidates otherwise well qualified.

Note 3: The qualifications regarding experience are relaxable at the discretion of the Competent Authority, for reasons to be recorded in writing in the case of candidates belonging to the Scheduled Castes or the Scheduled Tribes, if at any stage of selection the Competent Authority is of the opinion that sufficient number of candidates from these communities possessing the requisite experience are not likely to be available to fill up the vacancies reserved for them.

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Application for the post of Specialist Gr-III on Contract basis

Affix a
recent Pass
Port size

Photograph

<u>Details of Demand Draft / Cash Receipt</u>	<u>Tick the Applicants Category</u>
DD/Cash Receipt No. <input style="width: 100%;" type="text"/>	General <input type="checkbox"/> Scheduled Caste <input type="checkbox"/>
Dated : <input style="width: 100%;" type="text"/>	Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/>
Name of Bank <input style="width: 100%;" 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 Name : _____

4. Name of the Spouse : _____

5. Date of Birth : _____ Age as on 06/12/2023

Year	Months	Days
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6. Present Address : _____

: _____

: _____

Mobile No. _____

Email : _____

7. Permanent Address : _____

: _____

: _____ Telephone No. _____

Mobile No. : _____

8. Nationality : _____

9. 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	Awards/Distinction
MBBS I Prof.							
II Prof.							
Final (Part-I)							
Final (Part-II)							
Total of all MBBS Exams							
Diploma/MD / MS							
DM/DNB in _____							

10. Permanent MCI/ State Medical Council Registration Details :

Name of the Medical Council: _____

MBBS Registration No. _____ Place _____

Diploma/Post PG Registration No. : _____ Place _____

DM/DNB Registration No. : _____ Place _____

11. Current Activities:

Contd. ..

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)

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

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

14. Details of relatives in BMHRC if any :

Name	Post & Department	Telephone No. & e-mail

Contd. ...

15. 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.

16. Any other information you wish to add :

17. 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 :

- * Certificate in support of age (10th) _____ →
- * Mark Sheet of MBBS (All Profs) _____ →
- * Degree of MBBS _____ →
- * Internship completion Certificate _____ →
- * Degree/Diploma of concerned specialty _____ →
- * Degree of DM/DNB in _____ →
- * Registration with MCI/NMC/ State Medical Council _____ →
- * SC/ST/OBC/EWS/PH certificate in prescribed format of Govt. of India _____ →
- * Experience Certificate (if any) _____ →
- * No Objection Certificate (if the candidate is already in Service) _____ →

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 :