

Annexure-I

भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र, भोपाल
BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE
Raisen Bypass Road, Karond, Bhopal – 462 038
(A 350 Bed Super- Specialty Hospital, Indian Council of Medical Research(ICMR),
Department of Health Research (MoH&FW), Govt. of India)

Rolling Advertisement for Appointment of Senior Residents at BMHRC, Bhopal

Advertisement No. BMHRC/Bhopal/2022/08

Dated : 10.11.2022

Details of vacancy for the post of Senior Residents

Sl. No.	Departments	Eligibility Criteria	Vacancy	Category wise Break up of Post			
				UR	SC	ST	OBC
1	Anaesthesia	Postgraduate Degree / Diploma (approved by MCI) in the concerned specialty after MBBS failing which MBBS with two years experience in a Govt. organization out of which one year in the concerned specialty. However appointment of the plain MBBS Candidates shall be on adhoc basis for a period of 89 days and extendable for further 89 days, if previous service found satisfactory or till the post is filled up by the candidates having Post-graduate Degree/ Diploma in the concerned specialty.	7	06	00	00	01
2	Medicine Group (including Pulmonary Medicine)		6	03	01	00	02
3	Pathology		1	01	00	00	00
4	Psychiatry		1	00	01	00	00
5	Radiology		1	01	00	00	00
6	Surgery Group		3	01	01	00	01

The vacancy position may be revised/changed as per requirement hence, candidates are advised to visit our website bmhrc.ac.in regularly.

Director
BMHRC, Bhopal

APPLICATION FORM

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE
Raisen Bypass Road, Karond, Bhopal – 462038
(A 350 Bed Super-Specialty Hospital, ICMR (Department of Health Research (MoHFW), Govt. of India)

Affix a recent
Pass Port
Size

Advt. No. BMHRC/Bhopal/2022/08

Dated : 10.11.2022

Application for the Post of Senior Resident in the department of _____.

<u>Details of Demand Draft</u>	<u>Tick the Applicable Category</u>
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"/>	Physically Handicapped (PH) <input type="checkbox"/> (Enclose proof of Caste Certificate issued by a 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 2022

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 _____

DM/M.Ch. : 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 in _____							
DM/ M.Ch. in _____							

13. Research Papers published :

If any (Give details & Proof)

14. Experience : (Details of service done earlier- enclose copies of Work Experience Certificates) if any

Name of the Government Organization with full address	Designation	Duration of Tenure		Total Period
		From	To	

(Use separate sheet if space is inadequate)

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 th class passing certificate)	→	<input type="checkbox"/>
(ii)	Degree certificate of MBBS	→	<input type="checkbox"/>
(iii)	Degree of MD/MS/DNB or Diploma certificate	→	<input type="checkbox"/>
(iv)	Degree of DM/M.Ch	→	<input type="checkbox"/>
(v)	Registration Certificate with MCI / State Medical Council (M.P.)	→	<input type="checkbox"/>
(vi)	MBBS Passing Certificate and mark sheets.	→	<input type="checkbox"/>
(vii)	Internship completion certificate.	→	<input type="checkbox"/>
(viii)	Undergraduate/Post Graduate attempt Certificate	→	<input type="checkbox"/>
(ix)	Proof of Publication/presenting paper in conference	→	<input type="checkbox"/>
(x)	Caste/community/disability certificate where applicable.	→	<input type="checkbox"/>
(xi)	OBC certificate only as per Annexure III with required validity as mentioned at para 4(b) above.	→	<input type="checkbox"/>
(xii)	Experience certificate (if any)	→	<input type="checkbox"/>
(xiii)	No objection certificate (if any)	→	<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.”

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Place : _____

(Signature of the applicant)

Date : _____

Full Name : _____

Annexure-III

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE
GOVERNMENT OF INDIA**

This is to certify that Shri./Smt./Kumari _____
son/daughter of _____ of village/town _____
in District/Division _____ in the State / Union Territory
_____ belongs to the _____
community which is recognized as a backward class under the Government of India, Ministry
of Social Justice and Empowerment's Resolution No. _____ dated
_____. * Shri/ Smt./ Kumari _____ and/or his/her family
ordinarily reside (s) in the _____ District/Division of the
_____ State/Union Territory. This is also to certify that he/she does not
belong to the persons/sections (Creamy layer) mentioned in Column 3 of the schedule to the
Government of India. Department of Personnel & Training OM No. 36012/22/93-Est.(SCT)
dated 08.09.1993 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.**

District Magistrate
Deputy Commissioner etc.

Dated :

Seal-

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note : The term "Ordinarily" used here with have the same meaning as in Section 20 of the Representation of the People Act, 1950.