



भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र, भोपाल



BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE

स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
DEPARTMENT OF HEALTH RESEARCH, MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT 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, Website : www.bmhrc.org

VACANCY- 02 nos.

DIETICIAN ON CONTRACT BASIS

WALK-IN-INTERVIEW ON 21/11/2017(TUESDAY) at 11:00 a.m.

(Reporting time: 09:00 a.m.)

Adv. No. 63/2017

Bhopal Memorial Hospital & Research Centre, Bhopal proposes to fill up the posts of **Dietician**, purely on contract basis for a period of **one year** (01 year) and may be extended as per discretion of Competent Authority.

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

1. Essential Qualification :

- i) **Postgraduate degree in Food and nutrition or Food Service Management and Dietetics or Institutional Management and Dietetics from a recognized University or equivalent. One year experience as a Dietician in a Hospital or Medical Institute.**

OR

Degree in Home Science from a recognized University or equivalent; Postgraduate diploma in Dietetics from a recognized University or Institute or equivalent.

- ii) **Two year's experience as a Dietician in a Hospital or Medical Institute.**

2. Age Limit : Between 21 and 30 years. (Relaxation as per Central Government Guidelines). The upper age limit shall be determined as on **21/11/2017**.

3. Remuneration: On Consolidated pay of Rs.35,400/-/-. 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.

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

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

6. 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.



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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) Crucial date for determination of eligibility with regards to Educational Qualification and Experience will be the closing date of application **i.e. 21/11/2017.**
- (iv) **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.
- (v) Other service conditions will be applicable as per service condition prescribed from time to time by the Government of India.
- (vi) The candidate should ensure that they should be present at 09:00 a.m. positively.
- (vii) 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.
- (viii) **Application Form (hard copy only)** should be accompanied by copies of necessary documents duly self attested **by the candidate.**
- (ix) 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.
- (x) Inter hospital / Inter Institutional transfer shall not be permitted.
- (xi) 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.
- (xii) 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.
- (xiii) No correspondence or personal inquiries shall be entertained.
- (xiv) 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.
- (xv) 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.

(xvi) Application should be accompanied by a Demand Draft of Rs.500/- for un-reserved & 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.

(xvii) The candidates are advised see the hospital website (www.bmhrc.org) frequently for any amendment OR corrigendum.

(xviii) **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)	→	<input type="checkbox"/>
(ii) Mark Sheet of 10+2	→	<input type="checkbox"/>
(iii) Mark Sheets of Degree	→	<input type="checkbox"/>
(iv) Certificate of Degree	→	<input type="checkbox"/>
(v) Mark Sheets of Post Graduation	→	<input type="checkbox"/>
(vi) Certificate of PG Degree	→	<input type="checkbox"/>
(vii) Experience Certificate	→	<input type="checkbox"/>

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 as **Annexure-I**.

Director
BMHRC, Bhopal

Note : 1. Application Form attached herewith.

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

APPLICATION FORM

BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE

Raisen Bypass Road, Karond, Bhopal-462038 (MP)
A 350 Bed Super- Specialty Hospital Department of Health Research (MoH & FW), Govt. of India

Affix a recent
Pass Port
Size
Photograph

Advt. No. 63/2017

Application for the Post of : DIETICIAN ON CONTRACT BASIS

<u>Details of Demand Draft</u>		<u>Tick the Applicable Category</u>	
DD No.	<input type="text"/>	Date	<input type="text"/>
Amount	<input type="text"/>	Name of the Bank	<input type="text"/>
		General	<input type="checkbox"/>
		Scheduled Caste	<input type="checkbox"/>
		Scheduled Tribe	<input type="checkbox"/>
		Other Backward Class	<input type="checkbox"/>
		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 Marital Status : Married Unmarried

3. Father's Name : _____

4. Name of the Spouse : _____

5. Date of Birth : _____

6. Age as on 21/11/2017 :

Days	Months	Years
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7. Present Address : _____
: _____
: _____

Telephone No. _____ Mobile : _____

Email : _____

8. Permanent Address : _____
: _____
:Telephone No. _____ Mobile No. _____

9. Nationality : _____

Contd..

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

Examination	Subjects	Board/ Council/University	Month & Year of Passing	Aggregate % of Marks	No. of Attempts	Award / Distinction

(Use separate sheet if space is inadequate)

11. Current Activities :

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 Position or	Address with telephone No. & e-mail

14. Details of relatives in BMHRC if any :

Name	Post & Department	Telephone No. & e-mail

15. Any other information you wish to add :

16. 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 (10th) _____ →
- (ii) Mark Sheet of 10+2 _____ →
- (iii) Mark Sheets of Degree _____ →
- (iv) Certificate of Degree _____ →
- (v) Mark Sheets of Post Graduation _____ →
- (vi) Certificate of PG Degree _____ →
- (vii) Experience Certificate _____ →

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 : _____