

**BANARAS HINDU UNIVERSITY**  
(Established by Parliament by Notification 225 of 1916)

**NOTIFICATION FOR JOB**

Applications are invited for the following posts on the prescribed proforma for the Min. of Health & F.W., Govt. of India Sponsored "National Programme for Health Care of Elderly (NPHCE)" at Institute of Medical Sciences, BHU, Varanasi - 221005 under Prof. I. S. Gambhir, Department of General Medicine, Nodal Officer. (Development Scheme No-NPHCE-4191).

1. The application form and other details can be obtained from the BHU website: [www.bhu.ac.in](http://www.bhu.ac.in)
2. No TA/DA will be paid for attending interview.
3. Incomplete application form will not be entertained.
4. The last date for accepting application is 18 September, 2016.
5. **Application should be typed on A4 size paper and each Application should accompany with relevant certificate duly attested, 2 copies of the recent photograph and complete valid e-mail id and working mobile number.**
6. Application can be given in Hindi or English.
7. Those who are in service should apply through proper channel.
8. Candidate with experience of work in the area of the old age health care (Geriatric) or related field will be preferred.
9. All things being equal, SC/ST candidates will be preferred as per GOI/BHU guidelines.
10. Degrees must be from the recognized Institution/University.
11. Reservation for reserved category will be done as per University rules as for the project.
12. The candidate must send the Application form along with all relevant documents to the address given below:

**Prof. I S Gambhir**  
**Dept. of Medicine.**  
**Institute of Medical Sciences**  
**Banaras Hindu university.**  
**Varanasi -221005 (UP)**

13. The details of the post and salary are as follows:

S.No.	Name of Post	Vacancy	Salary & Wages (consolidated) Per month in Rs.
01.	Medical Officer	02	40,000/- (Fix)
02.	Staff Nurse	01	15,000/-
03.	Physiotherapist	01	15,000/-

**\*Posts may be increased in future.**

The posts are initially for six months tenure; renewal will be granted as per work satisfaction.

The services of applicants can be terminated at one month notice if work or behavior is found unsatisfactory.

**Age Limit:** As per BHU rules, relaxable in exceptional circumstances.

14. Details of qualification for the post & format of Application forms are as follows:

S.No.	Name of Post	No.	Qualification
01	Medical Officer	02	<b>E.Q.</b> – i. MBBS from a MCI recognized Institution. ii. one year Rotatory Internship. <b>D.Q.</b> – ➤ Experience of working in Geriatric Medicine Unit. ➤ Training in geriatric medicine
02	Staff Nurse	01	<b>E.Q.</b> – i. B.Sc. (Nursing)/Diploma in nursing. ii. Qualification of Staff Nurse must be registered with State Nursing Council of India. iii. Working experience of 6 month (for B.Sc. Nursing) or 1 year (for Diploma in Nursing). <b>D.Q.</b> – Experience of working in Geriatric Ward.
03	Physiotherapist	01	<b>E.Q.:</b> 1. I. Sc., 2. Degree/Diploma in Physiotherapy/Physio-Occupational Therapy. <b>D.Q.:</b> 2 years experience in a recognized hospital.

**NOTE:**

- The qualification in exceptional situation will be relaxed by the Selection Committee/Investigators.
- Investigator reserves the right to cancel/modify or invite any person as per requirement of the project.
- All communication will be done by specified e-mail id / Mobile number in future.**

**E. Q.:** Essential Qualification

**D. Q.:** Desirable Qualification

# BANARAS HINDU UNIVERSITY

## APPLICATION FORM

NPHCE – Regional Geriatric Centre, IMS, BHU

Post Applied for .....

Adv. No. ....NPHCE 2016-17.....

1. Name (In Block Letters): .....

2. Present Designation: .....

3. Date of Birth: ..... 4. Gender (Male/Female): .....

5. Father's Name/Husband's Name: .....

6. Mother's Name: .....

7. Marital Status: .....

8. Nationality: .....

9. Indicate, if SC/ST/OBC: .....

10. Address for Correspondence (with Pin code): .....

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Telephone No. (With STD Code): ..... \* Mobile No. : (mandatory) .....

\*E-mail: (mandatory) .....

11. Permanent Address (with Pin code): .....

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Telephone No. (With STD Code): ..... Mobile No. : (mandatory) .....

E-mail: (mandatory) ..... Fax No. : .....

12. Distinctions/Prizes/Awards/Medals/Honors etc.....

Affix your recent  
Passport size  
Photo

13. Whether you are conversant with Computer (Specify) .....

14. Academic Qualifications (Matric onwards):

Examination Passed	Board/University	Year of Passing	Percentage of Marks Obtained	Division/Class /Grade/Merit
High School/Matric or Equivalent				
Intermediate/Hr. Sec. /PUC or equivalent				
MBBS/B.Sc. /B. Tech. or Equivalent				
M.D. /M. Sc. /M. Tech. or Equivalent				
Other Examinations, if any				

15. Appointments held or Experience, if any:

Designation & Name of Institution	Date		Salary with Grade	Nature of Duties	Reason for leaving
	Joining	Leaving			

16. Additional Information, if any (please use separate sheet) :

17. Declaration: I declare that:

- The information's given above are complete and correct; 2. Neither any disciplinary proceeding is Pending nor contemplated against me; 3. I have never been dismissed from service nor debarred from holding any future appointment nor convicted for any offense. No criminal case is pending against me.
- In case of concealment/ suppression of facts (s), which may be detected at any stage in future, my appointment is liable to be cancelled/terminated, as the case may be, without notice.

Date : .....

Signature of the Applicant .....

18. Endorsement by Employer: