NOTIFICATION FOR JOB

Applications are invited for the walk in interview for 04 post of Medical Officer (contractual) on the prescribed proforma for the Ministry of Health & F.W., Govt. of India Sponsored “National Programme for Health Care of Elderly (NPHCE)” at Department of Geriatric Medicine, Institute of Medical Sciences, BHU, Varanasi – 221005 under Dr. Anup Singh, Department of Geriatric Medicine, Head & Nodal Officer. (Development Scheme No-NPHCE-4191).

1. The application form and other details given below.
2. No TA/DA will be paid for attending walk in interview.
3. Incomplete application form will not be entertained.
4. Applicant should report along with original documents and a set of self-attested photocopies, for interview on mentioned date at 11.30 AM in the office of Geriatric Medicine, 2nd floor IMS, BHU.
5. Application can be given in Hindi or English.
6. Those who are in service should apply through proper channel.
7. Candidate with experience of work in the area of the old age health care (Geriatric) or Related field will be preferred.
8. All things being equal, SC/ST candidates will be preferred as per GOI/BHU guidelines.
9. Degrees must be from the recognized Institution/University.
10. Reservation for reserved category will be done as per University rules as for the project.

Note:-
1. Date of walk in interview: Every Wednesday & Saturday till the seats are filled(Except Sunday & Holidays)
2. Timing: 11.30 AM
3. Venue: Office of Geriatric Medicine Room No. 1363-A, IMS, BHU

Dr. Anup Singh (Nodal Officer & Head)
Deptt. of Geriatric Medicine.
Institute of Medical Sciences
Banaras Hindu University
Varanasi -221005 (UP)
12. The details of the post and salary are as follows:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Post</th>
<th>Vacancy</th>
<th>Salary &amp; Wages (consolidated) Per month in Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Medical Officer (contractual)</td>
<td>04</td>
<td>40,000/- (Fix)</td>
</tr>
</tbody>
</table>

**NOTE:**
1. The posts are purely contractual and extension will be provided as per NPHCE Norms based on work satisfaction on quarterly basis.
2. The qualification in exceptional situation will be relaxed by the Selection Committee/Nodal Officer & his decision will be final.
3. The services of applicants can be terminated at one month notice if work or behavior is found unsatisfactory.
4. The Nodal Officer reserves the right to cancel/modify or invite any person as per requirement of the Scheme.
5. Age Limit: As per BHU rules, relaxable in exceptional circumstances & the decision of the Nodal Officer will be final.

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

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Post</th>
<th>No.</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Medical Officer (contractual)</td>
<td>04</td>
<td>• <em>E.Q.</em> – i. MBBS from a MCI recognized Institution.</td>
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<tr>
<td></td>
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<td></td>
<td>ii. One year Rotatory Internship.</td>
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<td></td>
<td>• <em>D.Q.</em> –</td>
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<td>➢ Experience of working in Geriatric Medicine Unit.</td>
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<td></td>
<td></td>
<td></td>
<td>➢ Training in geriatric medicine</td>
</tr>
</tbody>
</table>

All communication will be done by specified e-mail id/Mobile number in future.

*E. Q.: Essential Qualification. Q.: Desirable Qualification
BANARAS HINDU UNIVERSITY

APPLICATION FORM
NPHCE – Regional Geriatric Centre, IMS, BHU

Post Applied for……………...………………………………………..…………………..…………………..…………………..…………………..…………………..…………………..……………….....…………………..…………………..…………………..…………………..…………………..…………………..…………………..…………………..……………….....…………………..…………………..…………………..…………………..…………………..…………………..…………………..……………….....…………………..…………………..…………………..………………………………………..…………………..……………….....……………….....…………………..…………………..……………….....…………………..…………………..……………….....…………………..…………………..……………….....…………………..…………………..………………….

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): …………………………………………………

…………………………………………………………………………………………………………………………

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

*E-mail: (mandatory) …………………………………………………………………………………

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

…………………………………………………………………………………………………………………………

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

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

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

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

…………………………………………………………………………………………………………………………

Affix your recent Passport size Photo
14. Academic Qualifications (Matric onwards):

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<tr>
<th>Examination Passed</th>
<th>Board/University</th>
<th>Year of Passing</th>
<th>Percentage of Marks Obtained</th>
<th>Division/Class/Grade/Merit</th>
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<tbody>
<tr>
<td>High School/Matric or Equivalent</td>
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<td>Intermediate/Hr. Sec. /PUC or equivalent</td>
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<tr>
<td>MBBS/B.Sc. /B. Tech. or Equivalent</td>
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<tr>
<td>M.D. /M. Sc. /M. Tech. or Equivalent</td>
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<td>Other Examinations, if any</td>
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15. Appointments held or Experience, if any:

<table>
<thead>
<tr>
<th>Designation &amp; Name of Institution</th>
<th>Date</th>
<th>Salary with Grade</th>
<th>Nature of Duties</th>
<th>Reason for leaving</th>
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<tbody>
<tr>
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<td>Joining</td>
<td>Leaving</td>
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16. Additional Information, if any (please use separate sheet):

17. Declaration: I declare that:

   1. 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;
   4. 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: