



BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE
Raisen Bypass Road, Karond, Bhopal – 462 038

(A 350 Bed Super- Specialty Hospital under Department of Health Research (MoH&FW), Govt. of India)

VACANCIES – (01) NEPHROLOGIST ON CONTRACT BASIS

Advertisement No. 51/2017

Last Date of receipt of Applications 15.03.2017

Applications are invited in the attached proforma from Nephrologists for working as part time consultant Nephrologist on contract basis for providing Nephrology services twice a week including OPDs, ward rounds, dialysis unit and availability on emergency call when required. The proforma should be accompanied by copies of necessary documents (relating to educational qualifications & experience) and should be submitted till **15.03.2017** by post or in person to the office of the Director, BMHRC, Raisen By pass road, Karond, Bhopal – 462038.

Eligibility Criteria:

Essential: : DM/DNB in Nephrology. The degree of DM/DNB in Nephrology must be registered with the MCI/ State Medical Council.

Professional Fee: Rs. 30000/- per month(Fixed)

Age Limit: The age should not be more than 60 years. The age shall be determined as on **15.03.2017**.

NOTE : (i) Interested applicants are required to download the PROFORMA from the website www.bmhrc.org and submit it duly filled along with all relevant documents (relating to educational qualifications & experience) till **15.03.2017** by post or in person to the office of the Director, BMHRC, Raisen By pass road, Karond, Bhopal - 462038

(ii) For Further details and any amendment/corrigendum please visit our website www.bmhrc.org

Director-Incharge, BMHRC, Bhopal

GENERAL INSTRUCTIONS :

- i) Application should be submitted in the prescribed proforma.
- ii) Empanelment will be considered on basis of eligibility criteria advertised. The qualifying individuals will be called for interview.
- iii) Work of BMHRC is time bound and individual will be required to provide services at the time required by BMHRC.
- iv) Individual will be responsible for the complete Nephrology management of the patients.
- v) BMHRC will have the right to remove any individual from the panel during the period of empanelment without assigning reasons thereof.
- vi) All pages of the proforma and relevant documents should be self attested.
- vii) 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
- viii) The decision of the selection committee will be final.

* **JURISDICTION OF ANY DISPUTE** :- In case of any legal dispute the jurisdiction of the court will be Bhopal.

PROFORMA: (i) Interested applicants are required to download the PROFORMA from the website www.bmhrc.org and submit it duly filled along with all relevant documents (relating to educational qualifications & experienced) till **15.03.2017** by post or in person to the office of the Director, BMHRC, Raisen By pass road, Karond, Bhopal - 462038

Director-Incharge, BMHRC, Bhopal

PROFORMA

BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE
Raisen Bypass Road, Karond, Bhopal-462038 (MP)
(Under Department of Health Research (MoH&FW), Govt. of India)

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Advt. No. 51 /2017

Applied for Nephrologist on Contract Basis

1. Name of the Applicant : _____

2. Sex : Male Female Marital Status : Married Unmarried

3. Father's Name : _____

4.. Date of Birth : _____

5. Age as on 15.03.2017 :

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

Telephone No. _____ Mobile : _____

Email _____

7. Permanent Address : _____
: _____
: _____ Telephone No. _____

Mobile No. _____

8. Nationality : _____

Contd..

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

Examination	Maximum Marks	Marks Obtained	% of Marks	Month & Year of Passing	Name of the College & University	Award / Distinction
MBBS 1 st Prof.						
MBBS 2 nd Prof.						
MBBS Final (Part-I)						
MBBS Final (Part-II)						
Total of all MBBS Exams						
MD/DNB in _____						
DM / DNB Nephrology						

10. Permanent MCI/ State Medical Council Registration Details :

Name of the Medical Council: _____

MBBS Registration No. _____ Place _____

MD/DNB Registration No. : _____ Place _____

DM /DNB Registration No. : _____ Place _____

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 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. 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 (10 th) | <input type="checkbox"/> |
| (ii) Mark Sheet of MBBS(All Profs)..... | <input type="checkbox"/> |
| (iii) Degree of MBBS..... | <input type="checkbox"/> |
| (iv) Under Graduate attempt Certificate | <input type="checkbox"/> |
| (v) PG Degree of MD/DNB..... | <input type="checkbox"/> |
| (vi) Post PG Degree of DM/DNB..... | <input type="checkbox"/> |
| (vii) Registration with MCI/ State Medical Council | <input type="checkbox"/> |
| (viii) Experience Certificate | <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, my services will be liable to be terminated.”

Place : _____

Date : _____

(Signature of the applicant)

Full Name :

