

ICMR-REGIONAL MEDICAL RESEARCH CENTRE

CHANDRASEKHARPUR, BHUBANESWAR-751023

No.01/DD/NRL/RMRC/PROJ/2021/

Date: 25.02.2021

RECRUITMENT NOTICE

Applications in the prescribed format (to be downloaded from the website) are invited for the following post separately along with a copy of the CV duly signed to be sent through email to rmrcbrecruitment@gmail.com on or before **05.03.2021** by **3.00 P.M.** The interview for the post will be held through video conferencing for which the specific date and time slot will be intimated by return email. Application received beyond the scheduled date & time will not be entertained.

Project entitled: National Reference Laboratory PI-Dr. Dasarathi Das, Scientist-F						
Sl No.	Category/ Vacancy	Name of the post	Essential Qualification	Desirable Qualification	Age limit	Consolidated Pay
1.	EWS-1	Senior Laboratory Technician	M.Sc. in (Medical Microbiology/ Applied Microbiology/ General Microbiology/ Biotechnology/ Bio-Chemistry) with or without DMLT. OR B.Sc.(Microbiology/ Biotechnology/ Biochemistry/ Chemistry/Life Science) with or without DMLT.	Three years of work experience in TB bacteriology. OR Five years of work experience in Tb Bacteriology.	Not exceeding 40 Years	Rs.25,000/- P.M

Terms & Conditions:-

1. Qualification & Experience should be in relevant discipline/field and from an institution of repute. Experience should have been gained after acquiring the minimum essential qualification.
2. Mere fulfilling the essential qualification does not guarantee the selection.
3. Canvassing in any form will be a disqualification.
4. Consolidated salary of the post may vary from time to time.
5. Director, RMRC, Bhubaneswar reserves rights to consider or reject any application/candidature.
6. Submission of wrong or false information during the process of selection shall disqualify the candidature at any stage.
7. Appointment will be made on project mode and purely temporary in nature, co-terminus with the project. Candidate shall have no claim for regular appointment at RMRC, Bhubaneswar or ICMR.
8. Leave shall be as per the Institutional Policy for Project staff.
9. The Number of vacancies may vary according to requirement at later stage.
10. Similar post, if any, arises in future, may be filled up from the selected panel list.
11. In case of in-service candidates, a **NO OBJECTION CERTIFICATE (NOC)** from the present employer is to be submitted failing which the application is liable for rejection.

12. Documents to be sent through email-id rmrcbrecruitment@gmail.com .

***Filled application form (only in PDF format)**

***All Certificates (starting from 10th Onwards)**

***EWS Certificate**

***Recent Photo**

***No Objection Certificate (if employed)**

Selected candidates will be provisionally appointed subject to submission of all documents (in original) for Scrutiny and Verification.

**Sd/-
Senior Administrative officer
For Director**

**ICMR-REGIONAL MEDICAL RESEARCH CENTRE
CHANDRASEKHARPUR, BHUBANESWAR-751023**

Affix a recent
color passport
size photograph
here

APPLICATION FORM

Ref. Advt. No.	Date:	Post applied:
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Name of the candidate:

Father's Name/Husband's Name:

Date of Birth:	Present age: (In completed years)
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Phone No.	Email Id:
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Gender: Male <input type="checkbox"/> female <input type="checkbox"/> others <input type="checkbox"/>	Category: UR <input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> PwD <input type="checkbox"/> EWS <input type="checkbox"/>
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Marrital Status: Married unmarried

Language Known: Oriya English Hindi

Religion:

Present Address:

Permanent Address:

EDUCATIONAL QUALIFICATION

Exam passed	Year of passing	Grade / Div.	Subjects
10th / HSC			
+2 / SSC			
Graduation			
P. G			
Professional			

WORK EXPERIENCE						
Organisation	Position held	Period		Duration in years	Salary drawn p.m.	Reasons for leaving
		From	To			

Employment Exchange Registration No./ Year _____

Employment Exchange details: _____

If selected what period would you require to join the post: 1 week/ 15 days/ 1 month/ Others _____(specify)

Have you ever been declared unfit by a Medical Board Yes/ No. If yes, give details

UNDERTAKING

This is to certify that, the aforesaid information furnished by me is true and correct to the best of my knowledge and belief. I further undertake that in the event of any information is found to be incorrect or false, my candidature is liable for cancellation.

Date:
Place:

Signature of the candidate