

RAJENDRA INSTITUTE OF MEDICAL SCIENCES, RANCHI

Advertisement No.....6315.....Dated.....12-9-17

REQUIRED

Applications with complete bio-data are invited for filling up the under mentioned posts in different Departments of Rajendra Institute of Medical Sciences, Ranchi, An Autonomous Institution under the Government of Jharkhand on/or before 14-10-2017 till 5.00 PM by registered /speed post.

| Name of Department | Name of Post | No. of Post | Category |
|--------------------|--------------|-------------|-----------|
| | | | UR |
| Psychiatry | Professor | 1 | 1 |
| Radiotherapy | Professor | 1 | 1 |
| TB & Chest | Professor | 1 | 1 |
| Microbiology | Professor | 1 | 1 |
| Total | | 04 | 04 |

ELIGIBILITY:

- i. A medical qualification included in the I or II schedule or part II of the third schedule to the Indian medical Council Act of 1956 (persons possessing qualifications included in part II of the third schedule should also fulfill the conditions specified in section 13(3) of the Act.
- ii. A Postgraduate qualification e.g. MD or a recognized qualification equivalent thereto in the respective discipline/subject.

EXPERIENCE:

Fourteen years teaching and/or research experience in recognized Institution in the subject of specialty after obtaining the qualifying degree of MD qualification recognized equivalent thereto.

PAY SCALE:

PROFESSOR:

PB-IV: 37400-67000 (Minimum pay Rs. 51,600)+GP 10500+NPA+other allowances (As per RIMS, Regulation-2014)

INSTRUCTION FOR THE CANDIDATES

1. Complete application in prescribed Performa, with bio-data in all respects, signed by the candidate, should reach in the office of the Director, Rajendra Institute of Medical Sciences, Ranchi-834009 on/or before 14-10-2017 till 5.00PM by Registered/Speed Post only. After the due date and time (i.e. 14-10-2017 till 5.00PM) applications or any other documents shall not be accepted. The institute shall not be responsible for postal delay.
2. The envelope should be super-scribed with the post applied for.
3. The discipline/subject for which the application is being submitted needs to be indicated clearly.

4. Self attested photocopies of the mark sheets of all MBBS examinations, certificate(s) of educational qualifications, Caste certificate & all testimonials showing experience etc. and one self attested passport size photographs should be attached with the application form.
5. Incomplete application will not be considered.
6. The period of probation is two years for post of professor from the date of their joining.
7. Employees of Government or Semi-government departments should apply through proper channel. However advance copy shall also be accepted provided proof of seeking No Objection Certificate from the employer, is annexed with the application.
8. The candidate must be a citizen of India.
9. The private practice of any kind will not be permitted.
10. No TA/DA will be given to the candidate if called for interview.
11. Reservation as per Jharkhand Government Rules.
12. Director, RIMS, Ranchi reserves the right to reject all or any application without assigning any reason.
13. The candidate must enclose Bank Draft in favour of "Director, Rajendra Institute of Medical Sciences, Ranchi PAYABLE AT RANCHI." The amount of bank draft :(i) for General, BC-I, BC-II Rs. 500/-(Rs. Five Hundred Only) & for SC & ST candidates Rs. 250/-(Rs. Two Hundred Fifty Only), which is non refundable in any case.
14. Canvassing in any form and /or bringing in any influence will be treated as disqualification.
15. Maximum age limit will be as under:

Not exceeding 50 years, however relaxable for SC/ST/ Government employee up to 5 Years and 03 years for other Backward caste candidates (BC-I/BC-II) and 03 years for females.
16. The effective date of experiences and age limit will be considered till last date of submission of duly filled application.
17. The benefit of reservation shall be given only to the resident of Jharkhand and the certificate to that effect should and must be issued by the competent authority (ies) of state of Jharkhand.
18. In case of selection of Central/State Government employee he/she shall be allowed to join only when he/she shall give declaration that he/she will be absorbed in the services of RIMS, Ranchi as per Rule 11(2) of RIMS Rules 2002. In case of failure of compliance he/she shall be terminated from the services. The candidate shall also be allowed to join if he/ she shall furnish the certificate of lien from their present employer specifying the duration of lien.
19. The number of Vacancy may increase or decrease according to the situation of necessity.
20. Advertisement also available on website www.rimsranchi.org . Prescribe Application Format is as under:

APPLICATION FORMAT

Advertisement No.....

PHOTO

Application for the post and dept. of , at Rajendra Institute of Medical Sciences, Ranchi

1. APPLICANT'S NAME (In block letters) : -----

2. FATHER'S/HUSBAND'S NAME (In block letters):-----

3. DATE OF BIRTH :-----

4. SEX ----- 5. NATIONALITY -----

6. RELIGION : ----- 7. CATEGORY (Write whether Category out of Gen/ST/SC/BC-I/BC-II)-----

8. ADDRESS (Including Pin Code No., Mobile No. & Email)

i. CORRESPONDENCE: -----

ii. PERMANENT :-----

9. EDUCATIONAL QUALIFICATIONS (Starting from matriculation) :

| S.No. | Examination (s) passed | Name of College/ Institute | Board/University | Yr. of Passing with marks(%) | No. of attempts |
|-------|------------------------|----------------------------|------------------|------------------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
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10. TEACHING EXPERIENCES

| S.No. | Name of College/ Institute | Post held | From | To | Total duration |
|-------|----------------------------|-----------|------|----|----------------|
| | | | | | |

11. Regn. No.: CENTRAL / STATE MEDICAL COUNCIL (Attach proof):: -----

12. NO. OF PAPERS PUBLISHED(Attach Max. 05 papers): NATIONAL ----- INTERNATIONAL -----

13. No. of Presentations(Oral/Poster) :- NATIONAL ----- INTERNATIONAL -----

14. DETAILS OF APPLICATION FEE: Bank Name & Branch ----- D.D. No. with Date----- Amount -----

15. LIST OF SELF ATTESTED COPIES OF TESTIMONIALS WITH PAGE NO OF ENCLOSURES: -----

16. DECLARATION:

I,.....S/o, W/o.....do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, I hereby convey my consent for cancellation of my candidature.

Place:

Date:

Signature of the Candidate

M. J. S. I. R.
Director,

Rajendra Institute of Medical Sciences, Ranchi.