BARC SIISH TATAING SEGRACH CENTRE

BARC HOSPITAL

Anushaktinagar, Mumbai - 400094 Contact No. 022-25598231/57/55

WALK IN INTERVIEW

On

22nd & 23rd January, between 10:30 hrs. to 16:00 hrs.

BARC Hospital is a multi-disciplinary 390 bedded hospital catering to the medical needs of the employees and retirees family members of Department of Atomic Energy. The hospital is recognized by National Board of Examinations for DNB in General Medicine, Pediatrics, Surgery, Anesthesia, ENT, Pathology, Ophthalmology, Obstetric & Gynecology, Psychiatry and Orthopedic seats BARC Hospital has executed MOUs with leading hospital in the city for sharing of faculties. The hospital is having following vacancies for appointment

A. to the 3 year tenure post of Post Graduate Resident Medical Officer (PGRMO) as detailed below:

| S.No. | Discipline | No. of posts |
|-------|---------------|--------------|
| 1 | Medicine | 06 |
| 2 | Anesthesia | 03 |
| 3 | Ophthalmology | 01 |
| 4 | Pediatric | 02 |
| 5 | Orthopedic | 01 |

| S.No. | Discipline | No. of posts |
|-------|-------------|--------------|
| 6 | Radiology | 02 |
| 7 | Psychiatry | 01 |
| 8 | Obst. & Gyn | 01 |
| 9 | ENT | 01 |

1. QUALIFICATION:

MS/MD/DNB degree or Diploma from recognized university in the concerned specialty. The candidates having Diploma must possess minimum 2 years of Post diploma experience in the specialty concerned. The Degree/Diploma should not have been awarded before December, 2021 preferably.

2. PAY:

Consolidated monthly pay - \P 1,12,000/- for the 1st year, \P 1,15,000/- for the 2nd year and \P 1,20,000/- for the 3rd year.

3. AGE: Up to 40 years

B. to the posts of **(Non-DNB) Junior/Senior Resident Doctor** for a period of One year or till the DNB candidate joins whichever is early as detailed below:

- 1. (Non-DNB) Junior/Senior Resident Doctor (Anaesthesia) 03 post.
- 2. (Non-DNB) Junior/Senior Resident Doctor (Paediatric) 02 post.
- 3. (Non-DNB) Junior/Senior Resident Doctor (Orthopaedic) 02 post.

Qualification and Remuneration:

<u>Jr. Resident Doctor</u> - MBBS from recognized university with one year internship from recognized institution. Consolidated pay: ₹ 72,000/- per month.

<u>Sr. Resident Doctor</u> - MBBS degree from recognized university plus Post Graduate Diploma in the requisite discipline recognized by Medical Council of India or MBBS degree along with one year experience as Junior Resident Doctor preferably in the requisite discipline. Consolidated Pay: ₹74,000/- per month.

Age limit - Up to 40 years

C. to post of Resident Medical Officer (Casualty) - 03 Posts

| S1.No. | Discipline | Vacancy |
|--------|----------------|---------|
| 1 | RMO (Casualty) | 03 |

Qualifications: MBBS from recognized university with one year internship from recognized institution.

Pay: Consolidated monthly pay ₹.72,000/- for the I year, ₹.74,000/- for the II year and ₹76,000/- for the III year.

Interested candidates may attend the interview along with one set of attested Xerox copies as well as original certificates of date of birth, educational qualification (Class X, XII, MBBS and Post Graduate Degree - year wise Mark sheet, Degree, Passing and Internship completion certificate etc.), registration and experience certificate, One passport size self-photograph at Ground floor Conference Room No.1, BARC Hospital, Anushaktinagar, Mumbai - 400094.

If the response is more than 10 candidates, the candidates for the Interview will be short listed based on the highest percentage obtained in MBBS. In this regard, the decision of the Selection Committee will be final and binding.

CANDIDATES ARE ADVISED TO REPORT AT 08:30 HOURS. CANDIDATES REPORTING AFTER 09:30 HOURS WILL NOT BE ENTERTAINED.

Candidates may download the blank application form from the website

BHABHA ATOMIC RESEARCH CENTRE MEDICAL DIVISION

| Application | No. |
|-------------|-----|
| Application | 140 |

APPLICATION FOR THE POST OF

POST GRADUATE RESIDENT MEDICAL OFFICER

SPECIALITY

| 1. | Name in full beginning with Surname (in block letters) | : | Dr.(Smt./Kum) |
|----|---|-----|------------------------------------|
| 2. | Nationality | : . | |
| 3. | Marital Status | : | Married / Single / Widower / Widow |
| 4. | Age & Date of Birth (in Christian era) | : _ | |
| 5. | Address in block letters (a) for correspondence with PIN code | 9: | |
| | Telephone/Mobile No. | : _ | |
| | Email ID | : _ | |
| | (b) Permanent Address | : _ | |
| | | _ | |
| | | _ | |
| 6. | Whether the applicants belongs | : . | |
| | To SC/ST (if yes, please state SC or ST & Name of sub-caste) | | |

7.

| | ucational and Pr | ofessional Qualificat | ion from SSC on | wards:- | |
|-----|------------------|-----------------------|-----------------|----------|-----------|
| Sr. | Examination | University/Board/ | Year of | Subjects | Class & % |
| No. | passed | Institution | passing | | of marks |
| 1. | SSC | | | | |
| | | | | | |
| | | | | | |
| 2. | HSC | | | | |
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| | NARRO | | | | |
| 3. | MBBS | | | | |
| | | | | | |
| 4. | MD/MS/DNB | | | | |
| 4. | IVID/IVIS/DINB | | | | |
| | | | | | |
| 5. | Appeared/ | | | | |
| | Due to | | | | |
| | appear | | | | |

8.

Date:_____

Experience & Academic achievement publications and Conference attended (Particulars of

| of year | ence in concerned special | | demic achievement ference attended | t/publica | tion an |
|---|--|---|---------------------------------------|-----------|---------|
| | | | | | |
| Details of | Internship – Name of Ho | spital: | | | |
| Period of | Internship: From | | To | | |
| Registrat | ion No. & Date: | | | | |
| | address of 2 persons nal competence | to whom a r | eference can be | made re | egardin |
| | | | | | |
| | | | | | |
| Details of | relatives employed in D. | A.E. or its Const | ituent Units:- | | |
| Sr. No. | Name of Relative | Relationship | Unit in which | Post | held |
| | | | employed | | |
| | | | employed | | |
| | r information you may wi | ch to add | employed | | |
| | r information you may wi | sh to add: | employed | | |
| | r information you may wi | sh to add: | employed | | |
| Any othe | r information you may wi | | | | |
| Any othe | , , | ed (Put [X] in the | | [|] |
| Any othe List of att a) Scho | ested documents attache | ed (Put [X] in the Date of Birth) | e applicable box). | [|] |
| Any othe List of att a) Scho b) Mark | ested documents attache | ed (Put [X] in the Date of Birth) | e applicable box). | [[|] |
| Any othe List of att a) Scho b) Mark c) Passii | ested documents attacher ol Leaving Certificate (for a sheets of Educational & | ed (Put [X] in the Date of Birth) | e applicable box). | [|] |
| Any othe List of att a) Scho b) Mark c) Passii d) Exper | rested documents attacher ol Leaving Certificate (for a sheets of Educational & ng Certificate | ed (Put [X] in the Date of Birth) Professional Qu | e applicable box). | [|] |
| Any othe List of att a) Scho b) Mark c) Passii d) Exper e) MMC | ested documents attacher ol Leaving Certificate (for a sheets of Educational & ng Certificate tience certificate | ed (Put [X] in the Date of Birth) Professional Qu | e applicable box). | [|]] |

Signature:_____

BHABHA ATOMIC RESEARCH CENTRE MEDICAL DIVISION

APPLICATION FOR THE POST OF

| JRD/SRD(NON-DNB) | | |
|------------------|--|--|
| | | |

| 1. | Name in full beginning with Surname (in block letters) | : Dr.(Smt./Kum) |
|----|---|--------------------------------------|
| 2. | Nationality | ; |
| 3. | Marital Status | : Married / Single / Widower / Widow |
| 4. | Age & Date of Birth (in Christia | an era) : |
| | | |
| 5. | Address in block letters (a) for correspondence | : |
| | | : |
| | Telephone/Mobile No. | : |
| | Email ID | : |
| | (b) Permanent Address | : |
| | | |
| 6. | Whether the applicants belong to SC/ST (if yes, please state S or ST & Name of sub-caste) | |

7. Educational and Professional Qualification from SSC onwards:-

| Sr. No. | Examination passed | University/ Board/ Institution | Year of passing | Subjects | Class & % of marks |
|------------|--------------------|-----------------------------------|-----------------|----------|--------------------|
| 1. | SSC | | | | |
| 2. | HSC | | | | |
| 3. | MBBS | | | | |

| _ | erience in concerned cialty & No. of years | Aca | demic achievement/pu Conference atten | |
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| Sr. No. | | Relationsh | E. or its Constituent Us | Post held |
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| ny oth | er information you r | nay wish | to add:- | |
| | | | ned (Put [X] in the app | plicable box). |
| a) Sch | ool Leaving Certifica | te (for D | ate of Birth) | |
|) Mar | k sheets of Educatio | nal & P | rofessional Qualificatio | n |
| e) Pass | ing Certificate | | | |
| l) Expe | erience certificate | | | |
| \ | C Registration Certifi | cate | | |
| e) MIMIC | Registration certin | | | |
| , | _ | | | |
| SC/S | ST certificate ically handicap | | | |

BHABHA ATOMIC RESEARCH CENTRE MEDICAL DIVISION

APPLICATION FOR THE POST OF

RESIDENT MEDICAL OFFICER

CASUALTY

| 1. | Name in full beginning with Surname (in block letters) | : Dr.(Smt./Kum) | | | | |
|----|--|--------------------------------------|--|--|--|--|
| 2. | Nationality | : | | | | |
| 3. | Marital Status | : Married / Single / Widower / Widow | | | | |
| 4. | Age & Date of Birth (in Christian era) : | | | | | |
| | | | | | | |
| 5. | Address in block letters (a) for correspondence | : | | | | |
| | | : | | | | |
| | Telephone/Mobile No. | : | | | | |
| | Email ID | : | | | | |
| | (b) Permanent Address | : | | | | |
| | | | | | | |
| 6. | Whether the applicants belon to SC/ST (if yes, please state or ST & Name of sub-caste) | _ | | | | |

7. Educational and Professional Qualification from SSC onwards:-

| Sr. No. | | University/ Board/ Institution | Year of passing | Subjects | Class & % of marks | | | | |
|------------|------|-----------------------------------|-----------------|----------|--------------------|--|--|--|--|
| 1. | SSC | | | | | | | | |
| 2. | HSC | | | | | | | | |
| 3. | MBBS | | | | | | | | |

| _ | erience in concerned cialty & No. of years | Aca | Academic achievement/publication and Conference attended | | | |
|----------|---|------------|--|----------------|--|--|
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|)etails | of Internahin – Nam | e of Hos | pital: | | | |
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| otoila. | of volativos amplevos | i in DA | E on its Constituent II | | | |
| Sr. No. | | Relationsh | E. or its Constituent Unit in which employed | Post held | | |
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| ny oth | er information you r | nay wish | to add:- | | | |
| | | | ned (Put [X] in the app | plicable box). | | |
| a) Sch | ool Leaving Certifica | te (for D | ate of Birth) | | | |
|) Mar | k sheets of Educatio | nal & P | rofessional Qualificatio | n | | |
| e) Pass | ing Certificate | | | | | |
| l) Expe | erience certificate | | | | | |
| \ | C Registration Certifi | cate | | | | |
| e) MIMIC | Registration certin | | | | | |
| , | _ | | | | | |
| SC/S | ST certificate ically handicap | | | | | |