

BANARAS HINDU UNIVERSITY
(Established by Parliament by Notification 225 of 1916)

NOTIFICATION FOR JOB

Applications are invited for the following posts on the prescribed proforma for the Min. of Health & F.W., Govt. of India Sponsored "National Programme for Health Care of Elderly (NPHCE)" at Institute of Medical Sciences, BHU, Varanasi – 221005 under Prof. I. S. Gambhir, Department of General Medicine, Nodal Officer. (Development Scheme No-NPHCE-4191).

1. The application form and other details can be obtained from the BHU website: www.bhu.ac.in
2. No TA/DA will be paid for attending interview.
3. Incomplete application form will not be entertained.
4. Application should reach IMS, building on **24th October 2015** with photocopy of all relevant certificates.
5. Application should be typed on A4 size paper and each Application should accompany with relevant certificate duly attested, 2 copies of the recent photograph.
6. Application can be given in English with **Email ID and phone numbers** for communication; **no postal communication will be done.**
7. Those who are in service should apply through proper channel.
8. Candidate with experience of work in the area of the old age health care (Geriatric) or related field will be preferred.
9. All things being equal, SC/ST candidates will be preferred as per GOI/BHU guidelines.
10. Reservation for Specially abled person as per GOI / BHU guidelines.
11. Degrees must be from the recognized Institution/University.
12. Reservation for reserved category will be done as per University rules as for the project.
13. The candidate must bring the Original documents at the time of interview.
14. **The screening test / written test will be held on 27th October 2015.**



Prof. I S Gambhir
Dept. of Medicine.
Institute of Medical Sciences
Banaras Hindu university. Varanasi -221005 (UP)

15. The details of the post and salary are as follows:

S.No	Name of the Post	Vacancy	Salary & Wages (consolidated) Per month (Rs.)
01.	Ward Sahayak	01	7,500/- (Fix)
	Total post	01	

The posts are initially for six months tenure; renewal will be granted as per work satisfaction. The services of applicants can be terminated at one month notice if work or behavior is found unsatisfactory.

Age Limit: As per BHU rules, relaxable in exceptional circumstances.

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

S.No.	Post	No.	Qualification
01.	Ward Sahayak	01	E.Q. – i. High School (10 th Class pass) ii. One year experience as stretcher bearer / Ward Sahayak / Sahayika in a reputed hospital. D.Q. – ➤ Experience of working in Geriatric Medicine Unit.

NOTE:

1. The qualification in exceptional situation will be relaxed by the Selection Committee/Investigators.
2. Investigator reserves the right to cancel/modify or invite any person as per requirement of the project.

E. Q.: Essential Qualification

D. Q.: Desirable Qualification

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APPLICATION FORM

NPHCE – Regional Geriatric Centre, IMS, BHU

Post Applied for

Adv. No. NPHCE - 4191/5

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):

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Telephone No. (With STD Code):

Mobile No. :

E-mail:

Fax No. :

11. Permanent Address (with Pin code):

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Telephone No. (With STD Code):

Mobile No. :

E-mail:

Fax No. :

Affix recent
Passport size
Photograph with
Signature

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

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

14. Academic Qualifications (Matric onwards):

Examination Passed	Board/University	Year of Passing	Percentage of Marks Obtained	Division/Class /Grade/Merit
High School/Matric or Equivalent				
Intermediate/Hr. Sec. /PUC or equivalent				
MBBS/B.Sc. /B. Tech. or Equivalent				
M.D. /M. Sc. /M. Tech. or Equivalent				
Other Examinations, if any				

15. Appointments held or Experience, if any:

Designation & Name of Institution	Date		Salary with Grade	Nature of Duties	Reason for leaving
	Joining	Leaving			

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 are 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: