

(Advertisement No – 06/2019-2020) Director, IMS Tel.: 0542-6703236, 2368781 Fax: 0542-2368781 Website: www.bhu.ac.in/rac

Last date for submission of application form along with the enclosures: 02.03.2020 upto 5:00 p.m.

Applications are invited from *Indian Citizens and Overseas Citizen of India (OCI) cardholders under section 7A* for the post of Director, Institute of Medical Sciences, Banaras Hindu University. Following are the relevant details:

Institute	Post Code	Name of the Post	No. of post
Institute of Medical Sciences	10122	Director	1

Essential qualification/experience:

- a. A medical qualification included in the First or Second Schedule of Part II of the third schedule to the Indian Medical Council Act of 1956 (Persons possessing qualifications included in part II or Third Schedule should also fulfil the conditions specified in Section 13 (3) of the Act.
- b. A Postgraduate qualification in Medicine or Surgery or Public Health and their branches.
- c. Teaching and research experience of not less than ten years as Professor (in the Academic Pay Level/Pay Level 14).
- d. Twenty-five years standing in the profession.
- e. Extensive practical & Administrative experience in the field of medical relief, medical research, medical education or public health organization and adequate experience of running an important scientific educational institution as its Head.

Pay & Allowances: Academic Level 15 + NPA as per GoI Rules.

Upper Age Limit: Preferably 60 years.

Tenure of post:

The Director shall hold the office for a term of 05 years from the date on which he/she enters upon his/her office or until he/she attains the age of 65 years, whichever is earlier.

Application Fees:

The duly filled in application form complete in all respects along with a demand draft of Rs.1000/drawn in favour of the Registrar, Banaras Hindu University payable at S.B.I., BHU Branch (Code 0211), Varanasi.

PROCEDURE FOR APPLICATION/NOMINATION:

- (i) Eligible candidates may apply for the post of Director, IMS in the prescribed application format along-with enclosures of other relevant documents. The applicants are required to submit their downloaded application form after filling, along with all the enclosures to the Office of the Registrar, (Recruitment & Assessment Cell), Holkar House, BHU, Varanasi-221005 by registered Post/Speed Post.
- (ii) The last date of receipt of application is 2nd March, 2020 (up-to 5.00 P.M.)

- (iii) The effective date for determining the eligibility as per the prescribed qualification, age, experience etc. for the post shall be the last date of receipt of application, viz. 2nd March, 2020.
- (iv) National & International Medical Education & Research Institutions may nominate suitable candidates.
- (v) The Vice Chancellor of Indian Universities may also send their nominations to the Office of the Registrar, Recruitment & Assessment Cell, Holkar House, BHU, Varanasi -221005 (U.P.)
- (vi) Members of University/Institute Body, IMS, BHU will not nominate any candidate.
- (vii) Late & incomplete applications will not be considered.
- (viii) Canvassing of any kind will be a disqualification.

General Instructions to the Candidates

- 1. T.A. will be paid as per GOI/University rules to SC/ST candidates only.
- 2. Eligibility of a candidate and satisfaction of any other Short-listing criteria shall be considered as on the last date of the receipt for application.
- 3. The University will not be responsible for any postal delay.
- 4. In case of any dispute/ambiguity that may occur in the process of selection, the decision of the University shall be final.
- 5. No interim correspondence shall be entertained.
- 6. Application fees paid shall not be refunded under any circumstances.
- 7. The advertisement may also be seen on the website: www.bhu.ac.in/rac

Date: 31.01.2020 REGISTRAR

BANARAS HINDU UNIVERSITY

Varanasi - 221005 (India)

Name of the post:	Post Code:	Advt. No. :		
Particulars of fee Remitted:				
Amount (Rs) Bank Draft No Date : Issuing Bank :				
(APPLICATION FORM)				
1. Name (in BLOCK CAPITAL)	:			
2. Father's Name	:	Affix recent		
3. Date of Birth and Age	:	Passport Size Photograph		
(As on)		with Signature		
4. Correspondence Address	•			
5. Permanent Address	:			
6. E-mail & mobile phone no.	·. :			
7. Whether citizen of India or N Resident Indian or Persons or Origin (Please specify)				

8. Academic Qualification:

Name of the Examination	Year of Passing	No. of attempts	College/University from which graduated
High School		+	
Intermediate			*
Graduation			
Post-graduation			College/University from which post graduation degree received
Doctorate (if any)			College/University

9. Field(s) of Specialization

10. Experience:

	Designation & the Institute where worked	From	То
(i) Before post-graduation		3	
		al .	
(a) Teaching			,
(b) Research			
(c) Administration			
	6 .		
(ii) After-Post-graduation			
(a) Teaching			
(b) Research			
(c) Administration	* '		

11. A complete list of publications	: ,
(Please attach a list)	
12. Books, if any written (List)	:
13. Extra-curricular activities such as : Medico-social work, journalistic Or other activities related to fine Arts, spo	rts etc.
14. Award, distinctions, prizes etc.	:

(a) At under-graduate level :(b) At post-graduate level :(c) Any other :15. Fellowships/Membership of :

Scientific Societies, Academics etc.

16. Present post and designation

National and International

17. Scale of Pay
18. Salary

(from when held)

DECLARATION:

I hereby declare that the entries in this form are correct and true to the best of my knowledge and belief. It is further declared that the entries are complete in all respect also. If at any time, I am found to have concealed/suppressed any material/information or given any false details, my candidature/appointment to the post is liable to be summarily terminated without notice or compensation.

Date:	•
Place:	
	(Signature of the applicant)
Forwarded with the remarks that the Institution candidature of the applicant being considered for of his/her selection, he/she will be relieved as per	the post applied for, as above and in case
Date:	
Place:	
	(Signature)
	(Head of the Institution/Organization) Designation and Address
	Designation and Address

Remarks: candidate already employed should submit application through his/her employer.