BANARAS HINDU UNIVERSITY

(Established by Parliament by Notification 225 of 1916)

NOTIFICATION FOR JOB

Applications are invited for the various posts on the prescribed proforma for the Ministry of Health & Family Welfare, Govt. of India Sponsored "National Programme for Health Care of Elderly (NPHCE)" at Institute of Medical Sciences, BHU under Dr. Anup Singh, Department of Geriatric Medicine, Nodal Officer. (Development Scheme No - 4191).

- 1. The application form and other details given below.
- 2. No TA/DA will be paid for attending written examination & skill test.
- 3. Incomplete application form will not be entertained.
- 4. Application should be typed on A4 size paper (Proforma Enclosed) and each Application should accompany with relevant certificate duly attested, complete <u>valid email id and working mobile number.</u>
- 5. Application can be given in Hindi or English.
- 6. Those who are in service should apply through proper channel.
- 7. Candidate with experience of work in the area of the old age health care (Geriatric) or related field will be preferred.
- 8. All things being equal, SC/ST candidates will be preferred as per GOI/BHU guidelines.
- 9. Degrees must be from the recognized Institution/University.
- 10. Reservation for reserved category will be done as per University rules as for the project.
- 11. Medical officers may be assigned duties in any center of BHU as and when required.
- 12. The Last day of accepting the application form in the office of Geriatric Medicine will be 25.06.2019.

Dr. Anup Singh NODAL OFFICER NPHCE - RGC Devp. Scheme No - 4191

Dept. of Geriatric Medicine. Institute of Medical Sciences Banaras Hindu University Varanasi -221005 (UP)

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

S. No.	Name of Post	Vacancy	Salary & Wages (consolidated)
			Per month in Rs.
1.	Physiotherapist	01	15000/- (Fix)
2.	Occupational Therapist	01	15000/- (Fix)
3.	Staff Nurse	06	15000/- (Fix)
4.	Medical Social Worker	01	15000/- (Fix)
5.	Technical Assistant	01	15000/- (Fix)

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

S. No.	Name of Post	No.	Qualification		
1.	Physiotherapist	01	*E.Q. Bachelor degree in Physiotherapy from a recognized College/University having 2 years of Experience *D.Q. –Experience of working in Geriatric Medicine Unit.		
2.	Occupational Therapist	01	*E.Q. Bachelor degree in Occupational Therapy from a recognized College/University having 2 years of Experience *D.Q. –Experience of working in Geriatric Medicine Unit.		
3.	Staff Nurse	06	E.Q. – BSc. Nursing /Diploma in GNM from a recognized College/University having 2 years of Experience D.Q. –Experience of working in Geriatric Medicine Unit.		
4.	Medical Social Worker	01	E.Q. – M.A. in Sociology, having 2 years of Experience D.Q. – Work experience with Elderly.		
5.	Technical Assistant	01	E.Q. – M.Sc. or B.Sc. With four years' experience in the relevant area or Diploma (PGDMLT) with three years' experience in the relevant area D.Q. – knowledge of computer,		

NOTE:

- 1. The posts are purely contractual and extension will be provided as per NPHCE Norms based on work satisfaction.
- 2. The qualification in exceptional situation will be relaxed by the Selection Committee/Nodal Officer & his decision will be final.
- 3. The services of applicants can be terminated at one month notice if work or behavior is found unsatisfactory.
- 4. The Nodal Officer reserves the right to cancel/modify or invite any person as per requirement of the Scheme.
- 5. Age Limit: As per BHU rules, relaxable in exceptional circumstances & the decision of the Nodal Officer will be final.
- *E. Q.: Essential Qualification. Q.: Desirable Qualification

BANARAS HINDU UNIVERSITY

APPLICATION FORM

NPHCE - Regional Geriatric Centre, IMS, BHU

Post Applied for Adv. No. 01 NPHCE	£ 2019-20
1. Name (In Block Letters): 2. Present Designation: 3. Date of Birth: 4. Gender (Male/Female):	Affix your recen Passport size Photo
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):	
*E-mail: (mandatory)	•
11. Permanent Address (with Pin code)	
Telephone No. (With STD Code):	
12. Distinctions/Prizes/Awards/Medals/Honors etc	

14. Academic Qua	alifications	s (Matric o	nwards):			
Examination Passed		Board/University		Year of Passing	Percentage of Marks Obtained	Division/Class /Grade/Merit
High School/Matric or Equivalent						
Intermediate/Hr. or equivalent	Sec. /PUC					
MBBS/B.Sc. /B. T Equivalent	ech. or					
M.D. /M. Sc. /M. Tech. or Equivalent						
Other Examinations, if any						
15. Appointments Designation & Name of Institution		xperience, ate	if any: Salary with Grade		ature of Duties	Reason for leaving
	Joining	Leaving				
16. Additional Int			ease use separ	ate sheet):		
 16. Additional Int 17. Declaration: I 1. The information's Pending nor cont from holding any fume. 4. In case of concean appointment is lia 	declare that s given above emplated a ature appoin	ove are com gainst me; antment nor oppression of	plete and corre 3. I have never convicted for a facts (s), whice	ct; 2. Neithe been dismis ny offense. N h may be de	sed from servi to criminal case etected at any	ce nor debarred is pending agains