

**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 **Dr. Anup Singh, Department of Geriatric Medicine, Nodal Officer. (Development Scheme No-NPHCE-4191).**

1. The application form and other details given below.
2. No TA/DA will be paid for attending written examination & interview.
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 valid e-mail id and working mobile number.**
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 22.10.2018.**

**Dr. Anup Singh  
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.
01.	Medical Officer	04	40,000/- (Fix)
02.	Physiotherapist	01	15000/- (Fix)
03.	Staff Nurse	04	15000/- (Fix)
05.	Safaikarmi / Safaiwala	02	7500/- (Fix)

**\*Posts may be increased in future.**

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 & the decision of the Nodal Officer will be final.**

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

S. No.	Name of Post	No.	Qualification
01.	Medical Officer	04	<p><b>*E.Q. – i.</b> MBBS from a MCI recognized Institution.</p> <p><b>ii.</b> one year Rotatory Internship.</p> <p><b>*D.Q. –</b></p> <ul style="list-style-type: none"> <li>➤ Experience of working in Geriatric Medicine Unit.</li> <li>➤ Training in geriatric medicine</li> </ul>
02.	Physiotherapist	01	<ul style="list-style-type: none"> <li>➤ i. Bachelor degree in Physiotherapist from a recognized College/University having 2 years of Experience</li> </ul> <p><b>*D.Q. –</b></p> <ul style="list-style-type: none"> <li>➤ Experience of working in Geriatric Medicine Unit.</li> <li>➤ Training in geriatric medicine</li> </ul>
03.	Staff Nurse	04	<p><b>E.Q. – i.</b> Bsc. Nursing /Diploma in GNM from a recognized College/University having 2 years of Experience</p> <p><b>D.Q. –</b></p> <ul style="list-style-type: none"> <li>➤ Experience of working in Geriatric Medicine Unit.</li> <li>➤ Training in geriatric medicine</li> </ul>
04.	Safaikarmi /Safaiwala	02	<p><b>E.Q. – i.</b> 8<sup>th</sup> Pass</p> <p><b>ii.</b> Working experience of 2 Year in hospital.</p> <p><b>D.Q. –</b> Experience of working in Geriatric Ward.</p>

**NOTE:**

1. The qualification in exceptional situation will be relaxed by the Selection Committee/Nodal Officer & his decision will be final.

2. The Nodal Officer reserves the right to cancel/modify or invite any person as per requirement of the project.

3. All communication will be done by specified e-mail id / Mobile number in future.

\*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 2018-19

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. : (mandatory) .....

\*E-mail: (mandatory) .....

11. Permanent Address (with Pin code).....

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Telephone No. (With STD Code): ..... Mobile No. : (mandatory) .....

E-mail: (mandatory) ..... Fax No. : .....

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

Affix your recent  
Passport size  
Photo

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:

- The information's given above are complete and correct; 2. Neither any disciplinary proceeding is 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.
- 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: