

## भारत सरकार GOVERNMENT OF INDIA भाभा परमाणु अनुसंशोधन केन्द्र BHABHA ATOMIC RESEARCH CENTRE चिकित्सा वर्ग Medical Group

विकिरण औपध केन्द्र Radiation Medicine Centre

टी । एम । एच । ॲनेक्स, परेल, मुंबई - 400 012 T.M.H. Annexe, Parel, Mumbai - 400012 Ph: +91-22- 24146059 / 24135232 / 24130273 Fax: +91-22-24157098

# RECRUITMENT FOR TWO (02) POSTS OF SCIENTIFIC ASSISTANT/B ON LOCUM/ADHOC BASIS

RADIATION MEDICINE CENTRE (RMC), BHABHA ATOMIC RESEARCH CENTRE (BARC) would like to appoint Two (02) <u>Scientific Assistant/B</u> on locum/adhoc basis (temporary post) as per the details given below:-

1.	Post Held	Scientific Assistant/B
2.	No. of posts	02 (Two)
3.	Educational Qualification	Minimum 60% in B.Sc. (Biological Science)
4.	Experience	Some experience in the relevant field is essential
5.	Emoluments	₹19,502 per month + D.A. admissible for SA/B
6.	Period of appointment	Not more than 89 days at one time (Maximum 2 terms)
7.	Nature of appointment	Locum / Adhoc (Temporary)
8.	Age limit	Not more than 50 years as on 01.02.2021
9.	Day, date and time of interview	Will be informed separately through E-mail
10.	Last Date for receipt of application	31.03.2021 (Wednesday) .

#### NOTE:-

- a) Applications in the specified format (available on BARC website www.barc.gov.in) may be forwarded alongwith xerox copies of educational qualifications, degree certificates, experience, etc. to Head, Radiation Medicine Centre (RMC), Room No. 415, 4<sup>th</sup> Floor, Tata Hospital Annexe Building, Jerbai Wadia Road, Parel, Mumbai 400012. Application should be superscribed as "Application for the post of Scientific Assistant/B on locum/adhoc basis"
- b) Applications of candidates not meeting the above requirements, incomplete applications and applications reaching after the due date will be rejected.
- c) Candidates selected will have to obtain Medical certificate from a Registered Medical Practioner and also Police Verification Certificate.
- d) Applications received by hand, post or courier will only be considered (No soft copy will be considered).

Phone No:- 24135232 / 24146059 / 24130263 / 24149428 / 24130273

If the response is more, the candidates for the Interview will be short listed on the highest marks obtained in B.Sc.

### **PROFORMA FOR APPLICATION**

PHOTO

## APPLICATION FOR THE POST OF

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LOCUM/ADHOC BASIS

1.	Name in full be	ginning with	Surname : Shri/	Smt./Kum	
	(In Block Letter	rs)			
2.	Nationality		:		
3.	Sex (Male / Fer	nale)	:		
4.	Marital Status ( Widower/Wido	w)			
5.	Date of Birth (i		a) :		
6.	Address in Bloo		:		
	a) For Correspo				
	(with Pin Co	de / Tel.No. if	any)		
	b) Permanent A	ddress	:		
	c) Mobile No		:		
	d) Email ID		:		
7.	<ul><li>a) Whether the to SC/ST (In SC/ST)</li><li>b) Please state</li></ul>	f yes, please s	tate :		
8.	Educational and		Qualification f	rom SSC onwards :	
<u>Sr.</u> <u>No.</u>	Examination (Passed)	University /Board/ Institution	Year of Passing	Subjects with marks secured	Class/Grade & % of marks
1)					
2)					
3)					
4)					
Appe	ared or due to a	<u>ppear</u>			
5)					

9. Experience (particulars of all previous and present employment are to be furnished)

Name and address of employer / Institution	Post held / Pay & scale of pay	Whether Central/State Govt./Public Sector Undertaking		iod of rvice	Permanent or Temporary	Reason for leaving
			From	То		

on
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11. Details of relative employed in D.A.E. or its Constituent Units:-

<u>Sr.</u> <u>No.</u>	Name of relative	Relationship	Unit in which employed	Post held

12.	Any other	information	you may	wish to	add:
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13. List of documents (as per checklist) to be attached to the application :

re)

Date : \_\_\_\_\_

Place : \_\_\_\_\_

### CHECKLIST FOR THE CANDIDATES (TO BE ATTACHED TO THE APPLICATION)

Put [X] in the applicable box 1. Single copy of application completed and attached [ ] 2. Photograph pasted [ ] 3. Application signed by applicant [ ] An attested copy of each of following certificate is attached 4. Date of Birth [ ] b] SC / ST Certificate a] [ ] [ ] c] Physically handicap [ ] d] Educational & professional qualification Experience f] Checklist attached [ ] e] [ ] Signature\_\_\_\_\_ Date \_\_\_\_\_