



भारत सरकार
GOVERNMENT OF INDIA
सामुदायिक आयुर्विज्ञान विभाग
Department of Community Medicine
वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल
VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJANG HOSPITAL
नई दिल्ली
NEW DELHI-110029

Dt. 22.05.17

NOTICE

Recruitment of Post of 'SCIENTIST' B for a period of two year on Contract Basis

Eligible candidates are invited to apply for the following post on the ICMR National Taskforce Project entitled "Integrated road traffic injuries surveillance-India (IRIS – India): for a period of two year. Applications are invited as per the prescribed format for the purely **temporary post** of SCIENTIST 'B'.

Selection process: Written Examination

Last Date for submission of Application: 30.05.2017

Date, Time and Venue of examination: 07.06.17 at 10:00 am in Room No. 616, 6th floor, VMMC

Details	Requirements/Information
Name of post	SCIENTIST 'B'
No. of Vacancies	01
Qualification	MBBS & MD (Community Medicine) from a recognized University/College.
Age	Upper age limit is 40 years
Salary	56000 + NPA & other allowances as per ICMR guidelines
Tenure	2 Years

1. Selection Procedure:

There will be single stage of examination in English mode. The Examination shall be objective type (Multiple Choice Question) of 2 hrs duration. No provision of negative marking for wrong answer.

- 2. Final merit** list for the post of SCIENTIST 'B' shall be prepared on the basis of total marks obtained by the candidates in the objective type examination which will determine their position.
- 3.** The appointee will not be granted any claim or right for regular appointment.
- 4.** The appointment will be for the period of **Two Year**. The appointment can be terminated by giving a notice of one month from either side.
- 5.** No TA/DA will be paid for appearing for written examination/verification/appointment.

Dr. Jugal Kishore
Director Professor & Head
Principal Investigator of the Project
Room No. 421, 4th floor, VMMC
Deptt. of Community Medicine

APPLICATION FORM

1. Post applied for :
2. Full Name (IN BLOCK LETTERS) :
3. Father's Name :
4. Mother's Name :
5. Date of Birth (as in matriculation Certificate) :
6. Address (in full) :
 - (i) Correspondence
 - (ii) Permanent
7. Whether Physically Handicapped : (if so percentage & details of disability)
8. Details of Examination passed:

Sl. No.	Examination	University/Board	Year of Passing	Name/Address of Institution attended	Percentage of Marks

1. Any Additional information

I solemnly declare that the statement made by me in this application form is correct to the best of my knowledge & belief. I undertake that if any information given by me is found false at any time, it will render me ineligible for the applied above and legal action will be initiated against me. I fulfil all conditions of eligibility regarding age-limit, educational qualification etc. for this post.

Signature of the candidate

Dated Place