



सत्यमेव जयते

भारत सरकार GOVERNMENT OF INDIA

भाभा परमाणु अनुसंधान केन्द्र BHABHA ATOMIC RESEARCH CENTRE

चिकित्सा वर्ग Medical Group

विकिरण औषध केन्द्र Radiation Medicine Centre

टी।एम। एच। अँनेक्स, परेल, मुंबई - 400 012 T.M.H. Annexe, Parel, Mumbai 400012

Ph: +91-22-24149428 / 24135232 Fax: +91-22-24157098

RECRUITMENT FOR TECHNICIAN/B ON LOCUM / ADHOC BASIS

Radiation Medicine Centre, BHABHA ATOMIC RESEARCH CENTRE, would like to appoint one Technician/B on locum/adhoc basis (temporary post) as per the details given below:-

1.	Post Held	Technician/B
2.	No. of posts	01 (One)
3.	Qualification	SSC with minimum of 60% in aggregate (with Science and Mathematics) + Trade Certificate of one (1) year duration OR HSC with minimum of 60% in aggregate (with Science and Mathematics) - without trade certificate
4.	Experience	Candidate with experience in Nuclear Medicine or Radiography is preferable but not essential
5.	Emoluments	₹ 11,730 + D.A. admissible for Technician/B
6.	Period of appointment	Not more than 89 days at one time (Maximum 2 terms)
7.	Nature of appointment	Locum (Temporary post) - Retirement vacancy
8.	Age limit	Not more than 50 years as on 01.08.2018
9.	Day, date and time of Interview	Will be informed separately through E-mail
10.	Last Date for receipt of application	14.09.2018 (Friday) up to 05.30 p.m.

NOTE:- a) Applications in the prescribed format (available on BARC website) may be forwarded alongwith xerox copies of educational qualifications, experience, one photograph etc. to Head, Radiation Medicine Centre (RMC), Room No. 415, 4th Floor, Tata Hospital Annexe Building, Jerbai Wadia Road, Parel, Mumbai - 400012. Application should be duly superscribed as "Application for the post of Technician/B on Locum/Adhoc basis"
b) Applications of candidates not meeting the above requirements will be rejected.
c) **Applications received by hand, post or courier will only be considered (No soft copy will be considered).**

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

E-Mail :- headrmcbarc@gmail.com / rmcoff@barc.gov.in

PROFORMA FOR APPLICATION

APPLICATION FOR THE POST OF TECHNICIAN 'B'

PHOTO

1. Name in full beginning with Surname (in block letters) : Shri/Smt./Kum. _____
2. Nationality : _____
3. Marital Status (Married/Single/Widower/Widow) : _____
4. Date of Birth (in Christian era) : _____
5. Address in block letters
a) For correspondence (with Pin Code/Tel.No. if any) : _____

Telephone No : _____
Email ID : _____
b) Permanent address : _____
6. a) Whether the applicant belongs to SC/ST (if yes, please state the name of SC/ST) : _____
b) Physically Handicapped (Yes/No) : _____

7. Educational and Professional Qualification from SSC onwards :

<u>Sr. No.</u>	<u>Name of the Degree / Diploma</u>	<u>University/ Board/ Institution</u>	<u>Year of Passing</u>	<u>Subjects with marks</u>	<u>Class/Grade & percentage of marks</u>

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

<u>Name and address of employer/ Institution</u>	<u>Post held, pay & scale of pay</u>	<u>Whether Central/State Govt./Public Sector Undertaking</u>	<u>Period of service</u>		<u>Permanent/ Temporary</u>	<u>Reason for leaving</u>
			<u>From</u>	<u>To</u>		

9. Area of Specialisation

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

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

11. Any other information you may wish to add :

12. List of documents (as per checklist to be attached to the application) :

Signature _____

Date _____

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 | [] |
| 4. | An attested copy of each of following certificate is attached | |
| a) | Date of Birth [] | b) SC / ST Certificate [] |
| c) | Physically handicapped [] | d) Educational & professional Qualification [] |
| e) | Experience [] | f) Checklist attached [] |

Signature_____

Date _____