

Government of India  
BHABHA ATOMIC RESEARCH CENTRE  
[Medical Division]

BARC Hospital  
Anushaktinagar  
Mumbai 400094

**RECRUITMENT OF MEDICAL OFFICER (OBST. & GYNAEC.) ON LOCUM BASIS**

Bhabha Atomic Research Centre Hospital conducts Walk-in-Interview for appointment of Medical Officer (Obst. & Gynaecology) on Locum basis.

|          |                               |   |
|----------|-------------------------------|---|
| <b>1</b> | Educational Qualification     | MS/MD/DNB (Gynaecology)   |
| <b>2</b> | Age limit                     | Not more than 40 years  |
| <b>3</b> | No. of posts                  | 01 (One)  |
| <b>4</b> | Emoluments                    | ₹ 45,098/- Plus DA (pre-revised)<br>admissible to SO/D (Medical Officer)  |
| <b>5</b> | Period of appointment         | 178 days and not more than 89 days at one time  |
| <b>6</b> | Nature of appointment         | Locum (Leave Vacancy)   |
| <b>7</b> | Day, Date & Time of Interview | Tuesday, 02.03.2021, 10:00 Hrs. onwards   |
| <b>8</b> | Venue of Interview            | Conference Room No.2, Ground Floor<br>BARC Hospital, Mumbai - 400 094   |
| <b>9</b> | Reporting time for Interview  | Candidates are required to report to the venue between 08:30 Hrs. to 09:30 Hrs. on the day of interview along with duly filled in application form (in the prescribed format available on this website) with Original mark sheets, certificates, and one set of self-attested Xerox copies.<br><br>No Application will be accepted after 09:30 Hrs. strictly. |

**BHABHA ATOMIC RESEARCH CENTRE**

MEDICAL DIVISION

Application No. \_\_\_\_\_

APPLICATION FOR THE POST OF \_\_\_\_\_

PHOTO

1. **Name in full beginning with Surname (in block letters)** : **Shri/Smt./Kum)** \_\_\_\_\_  
\_\_\_\_\_
2. **Nationality** : \_\_\_\_\_
3. **Marital Status** : \_\_\_\_\_
4. **Date of Birth (in Christian era)** : \_\_\_\_\_
5. **Address in block letters** : \_\_\_\_\_  
**(a) for correspondence with PIN code:**  
: \_\_\_\_\_  
: \_\_\_\_\_
- Telephone/Mobile No.** : \_\_\_\_\_
- Email ID** : \_\_\_\_\_
- (b) Permanent Address** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Educational and Professional Qualification from SSC onwards:-**

| <b>Sr. No.</b> | <b>Examination passed</b> | <b>University/Board /Institution</b> | <b>Year of passing</b> | <b>Subjects</b> | <b>Class &amp; % of marks</b> |
|----------------|---------------------------|--------------------------------------|------------------------|-----------------|-------------------------------|
| 1.             | <b>SSC</b>                |                                      |                        |                 |                               |
| 2.             | <b>HSC</b>                |                                      |                        |                 |                               |
| 3.             |                           |                                      |                        |                 |                               |
| 4.             |                           |                                      |                        |                 |                               |
| 5.             |                           |                                      |                        |                 |                               |

**7. Experience (Particulars of all previous and present employment are to be furnished)**

| Name & Address<br>of<br>employer/Institution | Post<br>Held<br>with<br>Pay | Whether<br>Central<br>/State<br>/Govt./PSU | Period of<br>Service |    | Perman<br>ent or<br>Tempor<br>ary | Reason<br>for<br>Leaving |
|--|-----------------------------|--|----------------------|----|-----------------------------------|--------------------------|
|  |                             |  | From                 | To |                                   |                          |
|  |                             |  |                      |    |                                   |                          |
|  |                             |  |                      |    |                                   |                          |

**8. Area of Specialization:** \_\_\_\_\_

**9. Details of relative employed in D.A.E or its constituent:-**

| Sr<br>no. | Name of Relative | Relationship | Unit in which<br>employed | Post held |
|-----------|------------------|--------------|---------------------------|-----------|
|           |                  |              |                           |           |

**10. Any other information you may wish to add:** \_\_\_\_\_

**11. List of attested documents attached (Put [X] in the applicable box).**

- a) School Leaving Certificate (for Date of Birth) [     ]
- b) Mark sheets of Educational & Professional Qualification [     ]
- c) Passing Certificate [     ]
- d) Experience certificate [     ]
- e) MMC/MNC/MPC/DCI/OTPT Registration Certificate [     ]

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

**Signature:** \_\_\_\_\_