

BARC HOSPITAL Anushaktinagar, Mumbai - 400094 Contact No. 022-25598231/57/55

### WALK IN INTERVIEW

On

### 06.08.2025 & 07.08.2025 between 10:30 hrs. to 16:00 hrs.

BARC Hospital is a multi-disciplinary 390 bedded hospital catering to the medical needs of the employees and retirees family members of Department of Atomic Energy. The hospital is recognized by National Board of Examinations for DNB in General Medicine, Pediatrics, Surgery, Anesthesia, ENT, Pathology, Ophthalmology, Obstetric & Gynecology, Psychiatry and Orthopedic seats BARC Hospital has executed MOUs with leading hospital in the city for rotational postings/sharing of faculties. The hospital is having following vacancies for appointment

### A. 3 year tenure post of **Post Graduate Resident Medical** Officer(PGRMO)/Senior Resident (PG) as detailed below:

| S.No. | Discipline ( Date of interview) | No. of<br>posts |
|-------|---------------------------------|-----------------|
| 1     | Medicine (06.08.2025)           | 05              |
| 2     | Anesthesia (06.08.2025)         | 03              |
| 3     | Ophthalmology(06.08.2025)       | 02              |
| 4     | Pediatric(06.08.2025)           | 01              |
|       |                                 |                 |

| S.No. | Discipline ( Date of interview)   | No. of<br>posts |
|-------|-----------------------------------|-----------------|
| 5     | Radiology (07.08.2025)            | 01              |
| 6     | Obst. & Gyn ( <b>07</b> .08.2025) | 01              |
| 7     | Surgery (07.08.2025)              | 02              |

### 1. QUALIFICATION:

**MS/MD/DNB degree or Diploma** from recognized university in the concerned specialty. The candidates <u>having Diploma must possess minimum 2 years</u> of Post diploma experience in the specialty concerned. The Degree/Diploma <u>should not have been awarded before December, 2021 preferably.</u>

2. PAY :

Consolidated monthly pay -  $\gtrless$  1,12,000/- for the 1<sup>st</sup> year,  $\gtrless$  1,15,000/- for the 2<sup>nd</sup> year and  $\gtrless$  1,20,000/- for the 3<sup>rd</sup> year.

3. AGE: Up to 40 years

**B. (Non-DNB) Junior/Senior Resident Doctor** for a period of <u>One year or</u> <u>till the DNB candidate joins whichever is early</u> as detailed below: (Date of Interview: 06.08.2025)

- 1. (Non-DNB) Junior/Senior Resident Doctor (Anaesthesia) 05 post.
- 2. (Non-DNB) Junior/Senior Resident Doctor (Paediatric) <u>02 post.</u>
- 3. (Non-DNB) Junior/Senior Resident Doctor (Orthopaedic) <u>04 post.</u>
- 4. (Non-DNB) Junior/Senior Resident Doctor (Medicine) <u>02 post.</u>
- 5. (Non-DNB) Junior/Senior Resident Doctor (Ophth.) <u>01 post.</u>

### -: 2 :-

### Qualification and Remuneration:

<u>Jr. Resident Doctor</u> - MBBS from recognized university with one year internship from recognized institution. Consolidated pay: ₹ 96,000/- per month.

<u>Sr. Resident Doctor</u> - MBBS degree from recognized university plus Post Graduate Diploma in the requisite discipline recognized by Medical Council of India or MBBS degree along with one year experience as Junior Resident Doctor preferably in the requisite discipline. Consolidated Pay: ₹ 99,000/- per month.

### Age limit - Up to 40 years

### <u>C. TO POST OF RESIDENT MEDICAL OFFICER (ICCU) - 03 POSTS/</u> RMO (CASUALTY)-02 POSTS (Date of Interview: 07.08.2025)

| Sl.No. | Discipline     | Vacancy |
|--------|----------------|---------|
| 1      | RMO (ICCU)     | 03      |
| 2      | RMO (Casualty) | 02      |

Qualifications: MBBS from recognized university with one year internship from recognized institution.

Pay: Consolidated monthly pay ₹.96,000/- for the I year, ₹.99,000/- for the II year and ₹ 1,03,000/- for the III year.

Interested candidates may attend the interview along with one set of attested Xerox copies as well as original certificates of date of birth, educational qualification (Class X, XII, MBBS and Post Graduate Degree - year wise Mark sheet, Degree, Passing and Internship completion certificate etc.), registration and experience certificate, One passport size self-photograph at Ground floor Conference Room No.1, BARC Hospital, Anushaktinagar, Mumbai - 400094.

If the response is more than 10 candidates, the candidates for the Interview will be short listed based on the highest percentage obtained in MBBS. In this regard, the decision of the Selection Committee will be final and binding.

# CANDIDATES ARE ADVISED TO **REPORT AT 08:30 HOURS**. CANDIDATES REPORTING **AFTER 09:30** HOURS **WILL NOT BE** ENTERTAINED.

<u>Candidates may download the blank application form from the website</u>

\*\*\*\*\*\*\*

| BHABHA ATOMIC<br>MEDICAL D                                      | RESEARCH CENTRE Application No |
|---|--------------------------------|
| APPLICATION FOR   | THE POST OF                    |
|   | <b>SPECIALITY</b> РНОТО        |
| POST GRADUATE RESIDENT MEDICAL OFFICER                          |                                |
|   |                                |
| 1. Name in full beginning with : Dr. Surname (in block letters) | (Smt./Kum)                     |

:

: <u>Married / Single / Widower / Widow</u>

| 5. | Address in block letters             | : |
|----|--------------------------------------|---|
|    | (a) for correspondence with PIN code |   |
|    |                                      | : |
|    | Telephone/Mobile No.                 | : |
|    | Email ID                             | : |
|    | (b) Permanent Address                | : |
|    |                                      |   |
|    |                                      |   |
| 6. | Whether the applicants belongs       | : |

Age & Date of Birth (in Christian era) : \_\_\_\_\_

6. Whether the applicants belongs To SC/ST (if yes, please state SC or ST & Name of sub-caste)

2.

3.

4.

Nationality

Marital Status

Educational and Professional Qualification from SSC onwards:-7.

| Sr. | Examination                   | University/Board/ | Year of | Subjects | Class & % |
|-----|-------------------------------|-------------------|---------|----------|-----------|
| No. | passed                        | Institution       | passing |          | of marks  |
| 1.  | SSC                           |                   |         |          |           |
| 2.  | HSC                           |                   |         |          |           |
| 3.  | MBBS                          |                   |         |          |           |
| 4.  | MD/MS/DNB                     |                   |         |          |           |
| 5.  | Appeared/<br>Due to<br>appear |                   |         |          |           |

8. Experience & Academic achievement publications and Conference attended (Particulars of All previous and present employment are to be furnished)

| Experience in concerned speciality & No. of years | Academic achievement/publication and<br>Conference attended |  |
|---|---|--|
|   |   |  |
|   |   |  |
|   |   |  |

9. Details of Internship – Name of Hospital: \_\_\_\_\_

Period of Internship: From\_\_\_\_\_\_ To \_\_\_\_\_

| Registration | No. | & | Date: |  |
|--------------|-----|---|-------|--|
|              |     |   |       |  |

10. Name & address of 2 persons to whom a reference can be made regarding your Professional competence



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

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

- 12. Any other information you may wish to add:
- 12. 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/IPA Registration Certificate            | [ | ] |
| f) | SC/ST certificate                                       | [ | ] |
| g) | Physically handicap                                     | [ | ] |

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

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

### BHABHA ATOMIC RESEARCH CENTRE MEDICAL DIVISION

### APPLICATION FOR THE POST OF

|    | JRD/SRD(NON-DNB)  |   |
|----|---|---|
| 1. | Name in full beginning with<br>Surname (in block letters)   | : Dr.(Smt./Kum)                             |
| 2. | Nationality   | :   |
| 3. | Marital Status  | : <u>Married / Single / Widower / Widow</u> |
| 4. | Age & Date of Birth (in Christ  | ian era) :                                  |
| 5. | Address in block letters<br>(a) for correspondence<br>Telephone/Mobile No.<br>Email ID<br>(b) Permanent Address |   |
|    |   |   |

6. Whether the applicants belongs to SC/ST (if yes, please state SC or ST & Name of sub-caste)

### 7. Educational and Professional Qualification from SSC onwards:-

| Sr.<br>No. |      | University/ Board/<br>Institution | Year of passing | Subjects | Class & %<br>of marks |
|------------|------|-----------------------------------|-----------------|----------|-----------------------|
| 1.         | SSC  |                                   |                 |          |                       |
| 2.         | HSC  |                                   |                 |          |                       |
| 3.         | MBBS |                                   |                 |          |                       |

8. Experience & Academic achievement publications and Conference attended (Particulars of All previous and present employment are to be furnished)

| Experience in concerned<br>specialty & No. of years | Academic achievement/publication and<br>Conference attended |
|---|---|
|   |   |
|   |   |
|   |   |
| Details of Internship – Name o                      | f Hospital:   |
| Period of Internship: From                          | To  |

### Registration No. & Date: \_\_\_\_\_

9.

# 10. Name & address of 2 persons to whom a reference can be made regarding your Professional competence

#### 11. Details of relatives employed in D.A.E. or its Constituent Units:-

| Sr. No. | Name of Relative | Relationship | Unit in whichenployed | Post held |
|---------|------------------|--------------|-----------------------|-----------|
|         |                  |              |                       |           |
|         |                  |              |                       |           |
|         |                  |              |                       |           |

#### 12. Any other information you may wish to add:-

12. 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 Registration Certificate                            | [ | ] |
| f) SC/ST certificate                                       | [ | ] |
| g) Physically handicap                                     | [ | ] |

### BHABHA ATOMIC RESEARCH CENTRE

MEDICAL DIVISION

### APPLICATION FOR THE POST OF

| RES | SIDENT MEDICAL OFFICER                                    | CASUALTY / DISPENSARY                |
|-----|---|--------------------------------------|
| 1.  | Name in full beginning with<br>Surname (in block letters) | : Dr.(Smt./Kum)                      |
| 2.  | Nationality   | :                                    |
| 3.  | Marital Status  | : Married / Single / Widower / Widow |
| 4.  | Age & Date of Birth (in Chris                             | stian era) :                         |
|     |   |                                      |
| 5.  | Address in block letters<br>(a) for correspondence        | :                                    |
|     | Telephone/Mobile No.                                      | :                                    |
|     | Email ID  | :                                    |
|     | (b) Permanent Address                                     | :                                    |
|     |   |                                      |
| 6.  | Whether the applicants below                              | ngs                                  |

to SC/ST (if yes, please state SC or ST & Name of sub-caste)

### 7. Educational and Professional Qualification from SSC onwards:-

| Sr.<br>No. |      | University/ Board/<br>Institution | Year of passing | Subjects | Class & %<br>of marks |
|------------|------|-----------------------------------|-----------------|----------|-----------------------|
| 1.         | SSC  |                                   |                 |          |                       |
| 2.         | HSC  |                                   |                 |          |                       |
| 3.         | MBBS |                                   |                 |          |                       |

8. Experience & Academic achievement publications and Conference attended (Particulars of All previous and present employment are to be furnished)

| Experience in concerned<br>specialty & No. of years | Academic achievement/publication and<br>Conference attended |
|---|---|
|   |   |
|   |   |
|   |   |
| Details of Internship – Name o                      | f Hospital:   |
| Period of Internship: From                          | To  |

### Registration No. & Date: \_\_\_\_\_

9.

# 10. Name & address of 2 persons to whom a reference can be made regarding your Professional competence

#### 11. Details of relatives employed in D.A.E. or its Constituent Units:-

| Sr. No. | Name of Relative | Relationship | Unit in whichenployed | Post held |
|---------|------------------|--------------|-----------------------|-----------|
|         |                  |              |                       |           |
|         |                  |              |                       |           |
|         |                  |              |                       |           |

#### 12. Any other information you may wish to add:-

12. 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 Registration Certificate                            | [ | ] |
| f) SC/ST certificate                                       | [ | ] |
| g) Physically handicap                                     | [ | ] |