सत्यमेव जयते

भारत सरकार GOVERNMENT OF INDIA
भाभा परमाणु अनुसंशोधन केन्द्र BHABHA ATOMIC RESEARCH CENTRE
चिकित्सा वर्ग Medical Group
विकिरण औषध केन्द्र Radiation Medicine Centre
टी।एम।एच।अॅनेक्स, परेल, मुंबई - 400 012 T.M.H. Annexe, Parel, Mumbai - 400012
Ph: +91-22- 24146059 / 24135232 / 24130273 Fax: +91-22-24157098

RECRUITMENT FOR ONE (01) POST OF TECHNICIAN/B ON LOCUM/ADHOC BASIS

RADIATION MEDICINE CENTRE (RMC), BHABHA ATOMIC RESEARCH CENTRE (BARC) is inviting applications for **One (01) post** in the grade of **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.	Educational Qualification	SSC or HSC with minimum of 60% marks with Science and Maths + Trade Certificate of One (1) year duration
4.	Experience	Some experience in Nuclear Medicine or Radiography is preferable but not essential
5.	Emoluments	₹11,730 per month + 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 / Adhoc (Temporary)
8.	Age limit	Not more than 50 years as on 01.05.2021
9.	Day, date and time of interview	Will be informed separately through E-mail
10.	Last Date for receipt of application	11.06.2021 (Friday)

NOTE:-

a) Applications in the prescribed 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, 4th Floor, Tata Hospital Annexe Building, Jerbai Wadia Road, Parel, Mumbai – 400012. Application should be superscribed as "Application for the post of Technician/B on locum/adhoc basis"

b) Applications of candidates not meeting the above requirements, incomplete applications and applications reaching after the last date for receipt of application 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).**

e) The Interview may be conducted Offline/Online as per decision by Committee.

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 SSC or HSC

PHOTO

PROFORMA FOR APPLICATION

APPLICATION FOR THE POST OF _____ ON LOCUM/ADHOC BASIS

1. Name in full beginning with Surname : Shri/Smt./Kum._____
   (In Block Letters) _____
2. Nationality : _____
3. Sex (Male / Female) : _____
4. Marital Status (Married/Single/ Widower/Widow) : _____
5. Date of Birth (in Christian era) : _____
6. Address in Block Letters : _____
   a) For Correspondence _____
   (with Pin Code / Tel.No. if any) _____
   b) Permanent Address : _____
   _____
   c) Mobile No : _____
   d) Email ID : _____
7. a) Whether the applicant belongs to SC/ST (If yes, please state SC/ST) : _____
   b) Please state name of SC/ST : _____

8. Educational and Professional Qualification from SSC onwards :

Sr. No.	**Examination (Passed)**	**University /Board/ Institution**	**Year of Passing**	**Subjects with marks secured**	**Class/Grade & % of marks**
1)					
2)					
3)					
4)					
Appeared or due to appear					
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**	**Period of service**		**Permanent or Temporary**	**Reason for leaving**
			From	**To**		

10. Area of Specialisation

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

Sr. No.	**Name of relative**	**Relationship**	**Unit in which employed**	**Post held**

12. Any other information you may wish to add :

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

_____

(Signature)

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

Date _____ Signature_____