



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES**  
**INSTITUTE OF NATIONAL IMPORTANCE**  
**BENGALURU – 560 029**

NO.NIMH/A&E-SA/PMD-SR/NV/2018-19

Date: 30.08.2018

**NOTIFICATION**

Applications are invited for the post of **Post MD/DNB(Microbiology) Senior Resident** in the  
Department of **NEUROVIROLOGY**

No. of post	ONE [1-UR]
Educational Qualification	<b>Post MD/DNB (Microbiology) Senior Resident in the Department of Neurovirology</b>
Experience	MD (Microbiology) / DNB (Microbiology) from MCI Recognized Institution/Medical College
Upper Age limit	35 years as on 14.09.2018
Pay level	11
Initial Pay in the Pay Band	Rs. 67,700/- plus allowances
Duration of Post	The tenure of the post of Senior Resident shall be as per Residency Scheme laid down by the Ministry of Health & Family Welfare, Government of India. The total duration cannot be beyond tenure as per Residency Scheme (Adhoc-Regular), in any circumstances, including the duration of residency already rendered by the applicant in any hospital of govt./ public sector undertaking / autonomous bodies funded by the govt. prior to this appointment, if any.

Interested Candidates may send their Resume along with the following documents **on or before 14.09.2018 to the address mentioned below.**

- 1 Curriculum Vitae
- 2 Proof of Age (Matriculation Certificate)
- 3 Caste Certificate
- 4 MBBS Degree Certificate / Marks Cards
- 5 Internship Completion Certificate
- 6 Attempt Certificate
- 7 Medical Registration Certificate
- 8 MD/DNB Degree Certificate
- 9 Any other qualification/testimonials
- 10 Experience Certificate (if any)

Dr.Anita S.Desai  
Professor & Head  
Department of Neurovirology  
National Institute of Mental Health & Neuro Sciences  
Hosur Road, Bengaluru – 560 029  
Tel : 91-80-26995778, Fax : 91-80-26566811

**Note: - Application fees of Rs.1500/- for general & OBC candidates and Rs.1000/- fees for SC/ST/PWD candidates for Senior Resident in the form of Demand Draft in favour of Director, NIMHANS payable at Bengaluru should be submitted along with the application.**

**Sd/-**  
**DIRECTOR**

## APPLICATION FOR THE POST OF SENIOR/JUNIOR RESIDENT

Paste your  
latest  
passport size  
photograph  
duly self  
attested

1. NAME OF THE SPECIALITY APPLIED FOR \_\_\_\_\_
2. Name (In Block Letters) \_\_\_\_\_
3. Father's/Husband's Name \_\_\_\_\_
4. Correspondence Address (In Block Letters) \_\_\_\_\_  
\_\_\_\_\_
5. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
6. Mobile No. / Local Tel No. : \_\_\_\_\_
7. Date of Birth (Proof to be enclosed): \_\_\_\_\_
8. Educational Qualification: (Attested Copies of the certificates to be enclosed):

Sl.No:-	Exam	Year of Passing	Board/University	% of marks	No. of Attempts

9. Whether belongs to SC/ST/OBC (copy of certificates to be Enclosed): \_\_\_\_\_
10. Registration No: \_\_\_\_\_
11. Whether worked as Senior/Junior Resident on adhoc/regular basis:

Name of the Institution	Worked as	Period of appointment		Speciality in which worked
		From	To	

12. Date of Passing of M.D/M.S/M.B.B.S \_\_\_\_\_

13. Date of completion of internship only for Junior Residents (attach Photocopy):-

14. Email ID:-

15. Details of the Demand Draft:-

Demand Draft No.	Date Of Issue	Name of the issuing Bank	Amount

(Note:-Candidate must write his/her Name & Specialty applied for on the reverse side of the demand draft.)

I hereby solemnly declare and affirm that the above statements made by me are correct and complete to the best of my knowledge and belief. I understand that in the event of any information/fact being found untrue/false/incorrect my candidature is liable to be cancelled /terminated besides taking any other action deemed fit in this regard. I shall abide by the terms and conditions as prescribed. I have / haven't done my Senior Residency earlier, as mentioned above in col. 11.

Date \_\_\_\_\_

Place \_\_\_\_\_

Details of Enclosures:

Name & Signature of the Candidate

