BANARAS HINDU UNIVERSITY  
(Established by Parliament by Notification 225 of 1916)

NOTIFICATION FOR JOB

Applications are invited for the following posts on the prescribed proforma for the Min. of Health & F.W., Govt. of India Sponsored “National Programme for Health Care of Elderly (NPHCE)” at Institute of Medical Sciences, BHU, Varanasi – 221005 under Prof. I. S. Gambhir, Department of General Medicine, Nodal Officer. (Development Scheme No-NPHCE-4191).

1. The application form and other details can be obtained from the BHU website: www.bhu.ac.in
2. No TA/DA will be paid for attending interview.
3. Incomplete application form will not be entertained.
4. The last date for accepting application is 9th June, 2014.
5. Application should be typed on A4 size paper and each Application should accompany with relevant certificate duly attested, 2 copies of the recent photograph, self-addressed one post card and two envelopes (size 10x24 cm) with stamp for Speed Post value.
6. Application can be given in Hindi or English.
7. Those who are in service should apply through proper channel.
8. Candidate with experience of work in the area of the old age health care (Geriatric) or related field will be preferred.
9. All things being equal, SC/ST candidates will be preferred as per GOI/BHU guidelines.
10. Degrees must be from the recognized Institution/University.
11. Reservation for reserved category will be done as per University rules as for the project.
12. The candidate must send the Application form along with all relevant documents to the address given below:

Prof. I S Gambhir  
Dept. of Medicine.  
Institute of Medical Sciences  
Banaras Hindu university.  
Varanasi -221005 (UP)
13. The details of the post and salary are as follows:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Post</th>
<th>Vacancy</th>
<th>Salary &amp; Wages (consolidated) Per month (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Staff Nurse</td>
<td>03’</td>
<td>15,000/-</td>
</tr>
<tr>
<td></td>
<td><strong>Total Post</strong></td>
<td><strong>03’</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Posts may be increased in future.*

The posts are initially for six months tenure; renewal will be granted as per work satisfaction. The services of applicants can be terminated at one month notice if work or behavior is found unsatisfactory.

**Age Limit:** As per BHU rules, relaxable in exceptional circumstances.

14. Details of qualification for the post & format of Application forms are as follows:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Post</th>
<th>No.</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Staff Nurse</td>
<td>03</td>
<td><strong>E.Q.</strong> – i. B.Sc. (Nursing)/Diploma in nursing.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>ii. Qualification of Staff Nurse must be registered with State Nursing Council of India.</td>
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<td></td>
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<td></td>
<td>iii. Working experience of 6 month (for B.Sc. Nursing) or 1 year (for Diploma in Nursing).</td>
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<td></td>
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<td></td>
<td><strong>D.Q.</strong> – Experience of working in Geriatric Ward.</td>
</tr>
</tbody>
</table>

**NOTE:**

1. The qualification in exceptional situation will be relaxed by the Selection Committee/Investigators.

2. Investigator reserves the right to cancel/modify or invite any person as per requirement of the project.

**E. Q.:** Essential Qualification  
**D. Q.:** Desirable Qualification
BANARAS HINDU UNIVERSITY

APPLICATION FORM
NPHCE – Regional Geriatric Centre, IMS, BHU

Post Applied for ……………………... Adv. No. …………………...

1. Name (In Block Letters):

2. Present Designation:

3. Date of Birth: 4. Gender (Male/Female):

5. Father’s Name/Husband’s Name:

6. Mother’s Name:

7. Marital Status:

8. Nationality:

9. Indicate, if SC/ST/OBC:

10. Address for Correspondence (with Pin code): ………………………………………...

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Telephone No. (With STD Code): Mobile No. :

E-mail: Fax No. :

11. Permanent Address (with Pin code):

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Telephone No. (With STD Code): Mobile No. :

E-mail: Fax No. :

12. Distinctions/Prizes/Awards/Medals/Honors etc.
13. Whether you are conversant with Computer (Specify):

14. Academic Qualifications (Matric onwards):

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Board/University</th>
<th>Year of Passing</th>
<th>Percentage of Marks Obtained</th>
<th>Division/Class/Grade/Merit</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School/Matric or Equivalent</td>
<td></td>
<td></td>
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<tr>
<td>Intermediate/Hr. Sec. /PUC or equivalent</td>
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<tr>
<td>MBBS/B.Sc. /B. Tech. or Equivalent</td>
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<td></td>
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<tr>
<td>M.D. /M.Sc. /M. Tech. or Equivalent</td>
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<tr>
<td>Other Examinations, if any</td>
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</tbody>
</table>

15. Appointments held or Experience, if any:

<table>
<thead>
<tr>
<th>Designation &amp; Name of Institution</th>
<th>Date</th>
<th>Salary with Grade</th>
<th>Nature of Duties</th>
<th>Reason for leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Joining</td>
<td>Leaving</td>
<td></td>
</tr>
</tbody>
</table>

16. Additional Information, if any (please use separate sheet):

17. Declaration: I declare that:

1. The information given above are complete and correct; 2. Neither any disciplinary proceeding are pending nor contemplated against me; 3. I have never been dismissed from service nor debarred from holding any future appointment nor convicted for any offense. No criminal case is pending against me; 4. In case of concealment/suppression of facts(s), which may be detected at any stage in future, my appointment is liable to be cancelled/terminated, as the case may be, without notice.

Date: 

Signature of the Applicant

18. Endorsement by Employer: