ICMR-RAJENDRA MEMORIAL RESEARCH INSTITUTE OF MEDICAL SCIENCES <u>AGAMKUAN, PATNA - 800007.</u>

WALK-IN-INTERVIEW

Re-advertisement No. 10/2023.

Applications on prescribed form for Walk-in-Interview are invited from suitable Indian nationals for appointment for the following purely temporary posts (on contractual basis) for a period of one year or till the end of project, whichever is earlier under project entitled "Designing and Screening of novel drug inhibiting Leishmania donovani enco-acyl carrier protein-reductase (LdENR) inhibitors as a new therapeutic option for visceral leishmaniasis" sponsored by ICMR at RMRIMS, Agamkuan, Patna – 800 007 (Bihar).

The interested candidates may turn up for walk-in-interview along-with their duly signed application form mentioning personal details (1) Name (2) Father's Name (3) Date of Birth (4) Details of Qualification (5) Work Experience (6) Present Address for Communication (7) Cast Certificates etc. with a passport size photograph along-with copies of all relevant documents at the time of walk-in-interview. Candidates have also to bring all the above mentioned documents in original for necessary verification during the walk-in-interview. Walk-in-Interview is scheduled to be held on 15/05/2024 at 10:00 AM at the Institute premises.

(A) Name of the post : Senior Research Fellow (One post) (reserved for SC)

I. Salary : 35,000/- + HRA per month.

II. Essential Qualification: Post Graduate Degree in Life Sciences subjects like Biotech/Biochemistry/Microbiology with two years experience in related field from a Government institution or recognized institute.

III. Desirable Qualification: Research experience in drug sensitivity testing related work...

IV. Age: Up to 35 years (age relaxation as per rule).

Note:

- 1. The candidates will have to report for interview on dated 15/05/2024 latest up to 10:00 AM.
- 2. If the number of applicant will exceed more than ten written exam may be conducted if
- 3. No TA/DA will be paid for attending the interview.
- 4. Age relaxation for SC/ST/OBC/PWD/Female candidates will be as per the Govt. of India rules/ICMR rules.
- 5. Candidates will have no claim in future for employment under the Institute/ICMR services.
- 6. During the appointment, if performance of the appointee is not found satisfactory by the competent authority, the appointment can be terminated any time without any notice.
- 7. Decision of the Director, RMRIMS (ICMR), Agamkuan, Patna shall be final.

ADMINISTRATIVE OFFICER FOR DIRECTOR

ICMR-RAJENDRA MEMORIAL RESEARCH INSTITUTE OF MEDICAL SCIENCES, $\underline{AGAMKUAN, PATNA-800\ 007}.$

APPLICATION FORM Latest Photograph is to be pasted here Project:

1.	Name (full in block letters)	
2.	Father's Name	
3.	(a) Date of Birth (Date/Month/Year)	
	(b) Present Age (as on last date of Application)	Years Months Days
4.	Sex	
5.	Applying under SC/ST/OBC Category	OC/SC/ST/OBC (Circle the appropriate category)
6.	Are you Physically handicapped	Yes/No
7.	Address for communication street with	Applicant Name:
	Pin code	Son/of:
		Door No.:
		Street:
		Village:
		Post:
		P. S.:
		District:
		State:
		Pin code:
8.	Mobile/Phone No. for Contact	
9.	Email ID (Essential for all Scientific	
	and Technical Post)	

Education	al Qua	lifica	tions:
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Sl.	Exam Passed	Board/University	Year of	% of	Subject
No.			Passing	Marks	Studies
				obtained	
1.	10 th				
2.	12 th				
3.	Graduation				
4.	Post-Graduation				
5.	Other Qualification, if any				
6.	Other				

11. Experience:

Sl.	Name of the Institution	Nature of	Date of	Date of	Years
No.		employment*	joining	leaving	

^{*}Provide Certificate of proof in support of your claim

12. Publications (only for Scientist Post --- attach separate sheet, if space is not enough)

Sl.	Title of the paper	Name of the journal	First/co-corresponding	Impact Factor
No.			author	

Sl. No.	Title of the Book	ISBN		Author/Editor etc.
14. Pro	ojects (only for Scientist Po	ost attach separate	sheet, if space	ce is not enough) Funding
Sl. No.	Name of the Project	Budget (in Rs.)	Agency	Project Investigator/ Co- Project Investigator
15. Av	vards (only for Scientist Po	ost attach separate	sheet, if spac	e is not enough)
Sl. No.	Name of the award	National/Inter	rnational	Description of the award
16. An	y other information:			
provid	f my knowledge and beli	ef. I understand that or incorrect at any st	t in the eve tage, my can	ne, complete and correct to the nt of any of the information didature/appointment shall be tion in lieu thereof.
Place:				
Date:				Signatura Pr
				Signature & Name of the Candidate