

No.A.2-23/2008-NIB
NATIONAL INSTITUTE OF BIOLOGICALS
(Ministry of Health & Family Welfare, Govt. of India)
A-32, Sector – 62, Institutional Area Phase-II, NOIDA – 201307, U.P

Dated: 09.01.2019

The National Institute of Biologicals (NIB), an autonomous Institute under the Ministry of Health & Family Welfare, Government of India, is a premier Scientific Organization and a Centre of Excellence to ensure quality of vaccines and biologicals in the country.

The following position is available for contractual appointment under External Quality Assessment Scheme (EQAS) under NACP of National Aids Control Organization (NACO).

Lab Technician (1- post), Remuneration: Rs. 13,000/-P.M. (consolidated),

Qualification & Experience: (i) B.Sc or DMLT with two-three years laboratory experience in Medical Microbiology/Immunological laboratory techniques. Candidate with DMLT Degree and experience in Immunological techniques will be preferred.

Job Responsibilities: The Lab Technician is required to undertake the following responsibilities:

- (i) To perform technical laboratory work related to panel preparation and EQAS;
- (ii) To assist Scientists in maintenance of laboratory equipment and records, implementation of SOPs for all lab. techniques, implementation of guidelines for Biosafety and Biomedical Waste Management;
- (iii) To help in timely procurement of laboratory equipment and consumables required for the laboratory and to assist the Laboratory i/c in carrying out the day-to-day work of the Lab.
- (iv) Any other duty as assigned by the Laboratory in-charge, from time to time.

How to apply:

Application giving particulars in the prescribed format and with a recent passport size photograph affixed at the space indicated along with attested copies of certificates, testimonials etc. should be sent to the Administrative Officer, National Institute of Biologicals (Ministry of Health & Family Welfare), A-32, Sector-62, Institutional Area, Noida, U.P., 201 307. The envelope containing the application form should be super scribed with "Application for the post of "Lab Technician (EQAS)."

Last Date: The last date for receipt of applications is **31st January, 2019.**

(Administrative Officer)

(MINISTRY OF HEALTH & FAMILY
WELFARE) GOVT OF INDIA

**APPLICATION
FORMAT**

Candidates should fill up application forms in his/her own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank)

Space for
Photograph

1. Name of the Post applied for
2. Name of the applicant in Full
(Mr/Ms./Mrs/) (In block Capital letters)
3. Address:
 - a. Present _____
STD Code _____ Phone No. _____ Mobile _____ e.mail ID _____
 - b. Permanent _____
4. Date of Birth (In Christian era)
5. Nationality
6. Sex Male () Female ()
7. Marital Status
8. Father's/Husband's Name
9. Are you member of SC/ST/OBC (Yes /No) SC () ST ()
OBC () (Attached certificate in support of your claim issued by the Competent Authority)
10. Educational/Professional Qualifications obtained (commencing with Matriculation or equivalent examination) (Please attach attested copies of all certificates).

S.No.	Exam/ Degree passed	College/University	Specialization	Subject Taken	Year of passing	Class/Division/%a ge of marks	Remarks

11. Professional Trainings undergone

Name of the Training	Name of the Institute	Duration

12. Experience

Name of the Employer/Organisation	Post Held	From	To	Nature of duties	Scale of pay and last salary drawn

13. Please state clearly in the light of the above entries, whether you meet the requirements of the post: (Yes/No)
14. Are you under any contractual obligation to serve the Central/State Government/Public Sector Undertaking/Autonomous Body? If so, please furnish full details.
15. Reference (Please give names and addresses of two persons who are residences of India and holders of responsible position and not relatives
to whom a reference can be made regarding the applicant's professional competence, character and work. Where the candidate has been in employment, he/she should give his/her present or most recent employer or immediate superior as a reference or produce a testimonial from him /her).
16. If selected, what notice would you require for joining?
17. Any other information, the applicant may like to add.

Declaration:

I hereby declare that the information furnished and entries made in this form and the additional particulars, if any, furnished herewith by me are true to the best of my knowledge and belief and nothing has been concealed/distorted. If at any time I am found to have concealed/distorted any Material information, my appointment shall be liable for termination without notice or compensation.

Date:
Place:

(Signature of the Candidate)