

NOTICE FOR WALK-IN-INTERVIEW

The Department of Virology, Postgraduate Institute of Medical Education and Research, Chandigarh intends to fill up the 01 vacant post of Senior Demonstrator(Non-Medical) (Virology) purely on Ad hoc basis for a period upto December 31, 2022 to handle the increase workload of COVID-19 testing in the Department of Virology at PGIMER, Chandigarh through walk-in-interview.

The candidates willing to appear in the above said walk-in-interview must submit their brief bio-datas (in duplicate) on the prescribed proforma available on website of the Institute alongwith certificate of age, qualification, experience and caste etc till 22-8-22 upto 01:00 PM positively in the Office of the Department of Virology at Research Block A, Level VI, Room no. 608 and appear for an interview on 24-8-22 at 02:30 PM onwards. For details please visit PGIMER website i.e. www.pgimer.edu.in.

ESSENTIAL QUALIFICATION:

SENIOR DEMONSTRATOR(Non-Medical)

a) M.Sc in
Microbiology/Virology/Parasitology/Biotechnology/Genetics/Bichemistry/

Allied subjects from a recognised university/institute **AND**

b) PhD in
Virology/Microbiology/Parasitology/Biotechnology/Genetics/Bichemistry/Gene
tics from a recognized university/Institute.

AGE LIMIT:

The age limit is upto 45 years on the last date of receipt of application. Age relaxation of five years for SC/ST/OBC candidates will be given as per Govt. of India rules.

TERMS AND CONDITIONS FOR CONTRACT APPOINTMENT IS AS UNDER:-

1. The appointment is purely on Ad hoc basis for a period upto December 31, 2022 (with effect from the date of joining). If the tenure is not extended further, the same will lapse automatically without assigning any reason. The appointment can also be terminated at any time, on either side, by giving one months notice or by paying one months salary, or failure to complete the period of three months to the satisfaction of the competent authority.

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2. The appointee shall perform the duties as assigned to him/her. The competent authority reserves the right to assign any duty as and when required. No extra/additional remuneration will be admissible in case of such assignment.
3. The appointee shall not be entitled to any benefit like Provident Fund, Pension, Gratuity, Medical Attendance Treatment, Seniority Promotion etc. or any other benefits available to the Government servants, appointed on a regular basis.
4. The appointee shall be a whole time employee of the Institute and shall not accept any other assignment, paid or otherwise and shall not engage himself/herself in a private practice of any kind during the period of contract.
5. The appointment to the said post will be subject to medical fitness from the competent Medical Board for which he/she will be sent to the designated Medical Authority of the Institute.
6. Leave entitlement of the appointee shall be governed in terms of instructions contained in DoPT&T's O.M. No.12016/3/84-Estt.(L) dated the 12th April 1985 as amended by OM No.12016/1/96-Estt(L) dated the 5th July 1990 and OM No.12016/2/99-Estt(L) dated 12 July 1999.
7. On appointment, the appointee will be required to take an oath of allegiance to the Constitution of India or make a solemn affirmation to that effect in the prescribed proforma.
8. On appointment, the candidate will not have any claim/right whatsoever for the regular posts in the PGIMER, Chandigarh. Further, this cadre will also not be allowed to merge with the cadre in the Institute.
9. The appointee is not entitled to any TA/DA for attending the interview and joining the centre.
10. Other conditions of service will be governed by relevant rules and orders issued by Govt. of India from time to time with regard to contractual employees.
11. If any declaration given or information furnished by him/her proves false or if he/she is found to have wilfully suppressed any material, information, he/she will be liable for removal from service and also such other action as the Institute may deem necessary.
12. The appointee shall not be entitled to avail any allowances/facilities being extended to the adhoc/regular/permanent senior residents of PGIMER, Chandigarh.
13. Interested candidates may apply for the post under reference in the prescribed application form available at the Institute website appending therewith copies of self- attested certificates/testimonials and other relevant documents etc. and to bring the original certificates/testimonials at the time of walk-in-interview.




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GENERAL INSTRUCTIONS:-

NOTE:

1. The candidate must ensure that they fulfil eligibility criteria. If at any stage, it is found that the candidate has furnished any incorrect information his/her candidature will stand cancelled. If any of these shortcoming(s) is/are detected even after the appointment, his/her services will be summarily terminated.
2. The candidate should bring their application/bio-data in triplicate along with all the documents/certificates in support of their claim and three photocopies of each document including passport size latest photographs.
3. All the original certificates/documents will be verified at the time of interview.
4. The candidate having prescribed qualification/experience should appear for interview on 24-8-2022 at 02:30 PM in the Department of Virology, PGIMER, Chandigarh.
5. The candidates should also bring their original documents/testimonials on the date of interview.
6. The period of experience wherever prescribed shall be counted after obtaining the prescribed qualification.
The candidates willing to appear in the above said walk-in-interview must submit their brief bio-data (in triplicate) on the proforma attached at Annexure 'A' alongwith certificate of age, qualification, experience and caste complete in all respects on 22-8-2022 till 1:00 PM in the Office of the Department of Virology positively.

HOD, VIROLOGY, PGIMER, CHANDIGARH.

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**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH-160 012 (INDIA)**

Advt. No.

NOTE:

I. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT (IN TRIPLICATE), SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

PASTE HERE SELF
ATTESTED LATEST
PHOTOGRAPH

Post applied for: _____

1. (a) Full Name (BLOCK LETTERS):

(Surname) (First Name) (Second Name)

(b) Sex: Male/Female (c) Marital Status: Married/Unmarried

2. Father's/Husband's Name: _____

3. (a) Mailing Address: _____

Tel. No. _____ PIN: _____

Fax.No. _____ Mobile No. _____

(b) Permanent Address _____

Tel. No. _____ PIN: _____

Fax.No. _____ Mobile No. _____

4. (a) Date of Birth: () () ()

(Date) (Month) (Year)

(b) Age: () () ()

(Yrs.) (Months) (Days)

(c) Sex: (Male/Female)

5. Whether belongs to: Gen. S.C. S.T. O.B.C. P.H.

(Please strike out which is not applicable) (Attach attested copy of certificate on the proforma prescribed by the Govt. of India)

6. State of Domicile: _____

7. Nationality: _____ Religion : _____

8. (a) Registration No. with the Medical Council: _____

(b) State in which registered: _____

(b) After obtaining Postgraduate Qualification:

Post held (Indicate temporary/ permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Yrs.	mths.	days		

- 11. Details of Prizes, Medals, Scholarships & National/ International Awards etc.
- 12. Additional qualification such as membership of scientific society etc.

- 13. Research experience, if any, together with details of published works in indexed journals.

		NUMBER OF PAPERS			
		Published		Accepted for publication	Presented at conference
		Indexed	Non Indexed		
NATIONAL					
INTER-NATIONAL					

- 14. Chapter in books/books edited : _____
- 15. (a) Present employment/ post held if any : _____
- (b) Pay Scale : _____
- (c) Total emoluments drawn : _____
- (d) Address of present employer : _____
: _____
- 16. If selected, what notice would you require before joining : _____
- 17. Have you been outside India for Academic Purpose? If so, give following information : _____

Country visited	Dates of visit		Duration of visit			Purpose of visit
	From	To	Yrs.	Mths.	days	

18. Self-evaluation of your work, particularly its strengths in different fields of activity including patient-care, teaching research and administrative, related to the job, which, in your view, entitles you to the post applied for may be given in **Annexure- I**.
19. I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-II**.

Date:
Place:

Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____ at PGIMER . VIROLOGY

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis- statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date:
Place:

Signature of the candidate

***DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY**

I _____ son/daughter/wife of _____
resident of Village/Town/City/District _____
State _____ Community _____ **(certificate enclosed)** hereby
declare that I belong to the _____ community which is recognized
as a backward class by the Govt. of India for the purpose of reservation in services as per orders
contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT)
dated 8.9.1993. It is also declared that I do not belong to the persons/sections (creamy layer)
mentioned in Column 3 of OM No. 36012/22/93-Estt(SCT) dated 08.09.1993 and modified vide Govt.
of India, Department of Personnel and Training OM No.36033/3/2004-Estt(Res) dated 09.03.2004.

Place:
Date:

(Signature of applicant)
(in running handwriting)

***Note:** The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

ANNEXURE-I

**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH-160 012 (INDIA)**

Post applied for _____

SELF EVALUATION

(Require under Column 21 of the application)

Date:

Signature of candidate

ANNEXURE-II**LIST OF ENCLOSURES:** (Required under column 22 of the application)

S.No.	Particulars of enclosures	Marked page(s)
1.	Birth certificate	
2.	Matriculation certificate	
3.	MBBS/B.D.S./M.Sc. certificate	
4.	M.D./M.S./M.D.S. certificate	
5.	D.N.B./D.M./M.Ch./Ph.D. certificate	
6.	Experience certificate(s)	
7.	Community certificate (SC, ST, OBC, PH)	
8.	Registration with Medical Council Certificate	
9.	Any other relevant certificate(s)	