

**BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE**

[An Autonomous Institute of Govt. of Karnataka]

K.R. Road, Fort, Bengaluru - 560 002. ☎: 080-2670 0810.

E-mail: [director\\_bmcric@yahoo.co.in](mailto:director_bmcric@yahoo.co.in) / Web: [www.bmcric.org](http://www.bmcric.org)

Ref. No. BMCRI/PS/54/2020-21

Bengaluru, Date: 15.07.2020

**Notification for Temporary Contractual Appointment for COVID-19 purpose**

Applications are invited from eligible candidates for filling up of the following posts for COVID Purpose in this Institute on Contract Basis for 03 Months.

| Sl. No | Post                   | No's | Consolidated pay | Qualification   |
|--------|------------------------|------|------------------|---|
| 1      | Consultant             | 40   | 1,00,000         | MD / MS / Mch / DM in any Clinical Subjects (Except Pre and Para Subjects) from a University recognized by Govt of Karnataka & for candidates with experience.<br>Preference will be given for Medicine / Anaesthesia / ENT / Pulmonary Medicine / Cardiology subjects. |
| 2      | Nursing Officer        | 150  | 33,000           | Diploma in Nursing or Bsc in Nursing from a University recognized by Govt of Karnataka, KNC registration should be done   |
| 3      | Anaesthesia Technician | 10   | 27,000           | Diploma in Anaesthesia Technology or Bsc in Anaesthesia Technology from a University recognized by Govt of Karnataka  |
| 4      | Dialysis Technician    | 15   | 27,000           | Diploma in Dialysis Technician or Bsc in Dialysis Technician from a University recognized by Govt of Karnataka  |
| 5      | Group-D                | 150  | 16,500           | Nil   |
|        | ಒಟ್ಟು                  | 365  |                  |   |

For detailed Information regarding qualifications, experience and other terms and conditions, and downloading of application please log on our website [www.bmcric.org](http://www.bmcric.org). Application form duly filled to be submitted to the Personal Section of Director cum Dean office or to this institute mail id [covidrecruitmentbmcric@gmail.com](mailto:covidrecruitmentbmcric@gmail.com). Last date for submission of application : 24.7.2020 before 5.00 pm.

Sd/- Director cum Dean, BMCRI, Bengaluru.



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಬೆಂಗಳೂರು ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ  
[ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಒಂದು ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ]

ಕೆ. ಆರ್. ರಸ್ತೆ, ಕೋಟೆ, ಬೆಂಗಳೂರು - 560 002. ☎: 080-2670 0810.

ಇಮೇಲ್: [director\\_bmcric@yahoo.co.in](mailto:director_bmcric@yahoo.co.in) ಅಂತರ್ಜಾಲ: [www.bmcric.org](http://www.bmcric.org)

ಸಂಖ್ಯೆ: ಬೆಂವೈಸಂಸಂ/ಆಶಾ/54/2020-210

ಬೆಂಗಳೂರು, ದಿನಾಂಕ: 15.07.2020



ಬೆಂವೈಸಂಸಂ

**ಕೋವಿಡ್-19 ಸಂಬಂಧವಾಗಿ ತಾತ್ಕಾಲಿಕವಾಗಿ ಗುತ್ತಿಗೆ ಆಧಾರದ ಮೇಲೆ ಭರ್ತಿ ಮಾಡಲು ಅಧಿಸೂಚನೆ**

ಈ ಸಂಸ್ಥೆಯಲ್ಲಿನ ಕೋವಿಡ್ ಕಾರ್ಯಕ್ಕಾಗಿ ಈ ಕೆಳಕಂಡ ವಿವಿಧ ಹುದ್ದೆಗಳನ್ನು 03 ತಿಂಗಳ ಅವಧಿಗೆ ಭರ್ತಿ ಮಾಡಲು ಅರ್ಜಿಗಳನ್ನು ಆಹ್ವಾನಿಸಲಾಗಿದೆ.

| ಕ್ರ.ಸಂ | ಹುದ್ದೆ                 | ಸಂಖ್ಯೆ | ಸಂಚಿತ ವೇತನ | ವಿದ್ಯಾರ್ಹತೆ ಹಾಗೂ ಮಾನದಂಡ   |
|--------|------------------------|--------|------------|---|
| 1      | ಸಲಹೆಗಾರರು (Consultant) | 40     | 1,00,000   | MD / MS / Mch / DM in any Clinical Subjects (Except Pre and Para Subjects) from a University recognized by Govt of Karnataka & for candidates with experience.<br>Preference will be given for Medicine / Anaesthesia / ENT / Pulmonary Medicine / Cardiology subjects. |
| 2      | ಶುಶ್ರುಷಾಧಿಕಾರಿ         | 150    | 33,000     | Diploma in Nursing or Bsc in Nursing from a University recognized by Govt of Karnataka, KNC registration should be done   |
| 3      | ಅರವಳಿಕೆ ತಂತ್ರಜ್ಞರು     | 10     | 27,000     | Diploma in Anaesthesia Technology or Bsc in Anaesthesia Technology from a University recognized by Govt of Karnataka  |
| 4      | ಡಯಾಲಿಸಿಸ್ ತಂತ್ರಜ್ಞರು   | 15     | 27,000     | Diploma in Dialysis Technician or Bsc in Dialysis Technician from a University recognized by Govt of Karnataka  |
| 5      | ಗ್ರೂಪ್-ಡಿ              | 150    | 16,500     | Nil   |
|        | ಒಟ್ಟು                  | 365    |            |   |

ಈ ಪ್ರಕಟಣೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ವಿದ್ಯಾರ್ಹತೆ, ಅನುಭವ, ಹಾಗೂ ಇನ್ನಿತರೆ ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ ಈ ಸಂಸ್ಥೆಯ ಅಂತರ್ಜಾಲ [www.bmcric.org](http://www.bmcric.org) ನಲ್ಲಿ ಪರಿಶೀಲಿಸಬಹುದು. ಅರ್ಜಿ ನಮೂನೆಯನ್ನು ಸಂಸ್ಥೆಯ ಅಂತರ್ಜಾಲದಿಂದ ಪಡೆದು ಭರ್ತಿ ಮಾಡಿ ಸಂಸ್ಥೆಯ ನಿರ್ದೇಶಕರು ಹಾಗೂ ಡೀನ್ ರವರ ಆಪ್ತ ಶಾಖೆಗೆ ಸಲ್ಲಿಸುವುದು ಅಥವಾ ಸಂಸ್ಥೆಯ ಮಿಂಚಂಚೆ [covidrecruitmentbmcric@gmail.com](mailto:covidrecruitmentbmcric@gmail.com) ಗೆ ಸಲ್ಲಿಸುವುದು. ಅರ್ಜಿ ಸಲ್ಲಿಸಲು ಕೊನೆಯ ದಿನಾಂಕ: 24.07.2020 ಸಂಜೆ 5.00 ಗಂಟೆಯೊಳಗೆ

ಸಹಿ/-ನಿರ್ದೇಶಕರು ಹಾಗೂ ಡೀನ್, ಬೆಂವೈಸಂಸಂ, ಬೆಂಗಳೂರು.



**BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE, BENGALURU.**

Application form for the post of \_\_\_\_\_

(On Contractual Basis for COVID-19 Purpose)

Notification No: BMCRI/PS/54/2020-21, Dated:15.07.2020

Last date for receiving application : 24.07.2020 before 5.00 pm

Affix a  
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port Size  
photo hereDually Filled Application should submit to the Personal Section of Director cum Dean Chamber or Mail to this Institute mail id :- [covidrecruitmentbmcri@gmail.com](mailto:covidrecruitmentbmcri@gmail.com)

|         |   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|---------|---|--|-------------------------------------|--|--|--|--|--|--|--|--|------------|---|--|--|--|--|--|--|--|
| 1       | Name of the candidate (in capital letters)  |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| 2       | Qualifications prescribed for the post  |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| 3       | Sex   | Male   | Female                              |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| 4       | Category: (SC/ST, Cat-I/IA/IIA/IB/IIB/IIIA/IIIB/GM/H-K specify with certificate)  |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| 5       | Nationality   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| 6       | Postal address for correspondence<br>Mobile No<br><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br>E-mail I.D |  |                                     |  |  |  |  |  |  |  |  | Pin code : | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |
|         |   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|         |   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| 7       | Name of Father/Mother/Husband/wife  |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| 8       | Date of Birth as recorded in the S.S.L.C. certificate   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| 9       | Indicate Kannada Language in SSLC or equivalent examination 1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> Language.  | 1 <sup>st</sup> Language<br>Kannada          | 2 <sup>nd</sup> Language<br>Kannada | 3 <sup>rd</sup> Language<br>Kannada                |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|         |   | Marks scored                                 | Max. Marks                          |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|         |   | <table border="1"><tr><td></td></tr></table> |                                     | <table border="1"><tr><td></td></tr></table>       |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|         |   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|         |   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| 10      | Details of the Qualifications :   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
| Sl. No. | Qualification   | Total Marks Obtained                         | Percentage                          | Name of the College & University & year of passing |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|         |   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|         |   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|         |   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |
|         |   |  |                                     |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |

| 11 | Experience of previous appointments.   |                        |    |                          |  |
|----|--|------------------------|----|--------------------------|--|
|    | Designation  | Period<br>(DD/MM/YYYY) |    | Total<br>no. of<br>years | Name of the Institute /<br>College &<br>University |
|    |  | From                   | To |                          |  |
|    |  |                        |    |                          |  |
|    |  |                        |    |                          |  |
|    |  |                        |    |                          |  |
|    |  |                        |    |                          |  |
| 12 | Higher qualification if any & year of passing, from the recognized Institute / University / College. |                        |    |                          |  |
| 13 | Present employment if any  |                        |    |                          |  |
| 14 | KMC / KNC registration number  |                        |    |                          |  |
| 15 | Other information  |                        |    |                          |  |
|    |  |                        |    |                          |  |
|    |  |                        |    |                          |  |
|    |  |                        |    |                          |  |
|    |  |                        |    |                          |  |

**NOTE:- Candidate should produce all original Marks cards & other related original documents at the time of reporting for duty.**

**:-DECLARATION:-**

I declare that the above furnished information is true and correct to the best of my knowledge and belief. If any of the information furnished above is found to be false or incorrect, I shall be liable to civil / criminal action by instruction or Government of Karnataka as per law.

Place:

Date:

Signature of the Candidate