

**B.J. MEDICAL COLLEGE, CIVIL HOSPITAL, AHMEDABAD – 380016**  
**National Influenza Reference Laboratory, Department of Microbiology.**

Walk in interview is held at Department of Microbiology, B.J. Medical College, Civil Hospital, Ahmedabad on 25/06/2019 for the following post for **National Influenza Reference Laboratory, at Microbiology Department of B.J. Medical College, Ahmedabad on contractual basis.** Candidate should report at 9.30 a.m. with application, original and xerox copies of all the qualifications, experience certificates, aadhar card and photo.

Sr. No	Post	No. of Posts	Essential Qualifications	Age limit
1	Lab Technician	1	B. Sc. & MLT	Not exceeding 30 years.

1. Consolidated salary as per IDSP, MOHFW guidelines.
2. The selected candidate shall have no claim for regular appointments in present institute or any institutes or for continuation of his/her services in any other project.
3. The candidate shall have to work full time as per institutional office hours including emergencies.
4. Computer knowledge desirable.

**Note:**

1. An application in prescribed format with xerox copies of all the documents should be addressed to 'DEAN, B. J. MEDICAL COLLEGE' and to be submitted to DEPARTMENT OF MICROBIOLOGY, II<sup>nd</sup> FLOOR, B. J. MEDICAL COLLEGE, CIVIL HOSPITAL, ASARWA, AHMEDABAD – 380016 at the time of interview.
2. Prescribed format for application is attached herewith

2 → 13/6/19

13/6/19

**Dean**  
**B. J. Medical College**  
**Ahmedabad.**

**B.J. MEDICAL COLLEGE, CIVIL HOSPITAL, AHMEDABAD – 380016**  
National Influenza Reference Laboratory, Department of Microbiology.

**BIO-DATA**

Recent  
passport size  
photograph

1. Name of the Post, applied for : \_\_\_\_\_
2. Name of the Project : \_\_\_\_\_
3. Name in full (in BLOCK LETTERS) : \_\_\_\_\_  
(SURNAME) (NAME) (FATHERS NAME)
4. Mother's Name : \_\_\_\_\_
5. Father's Name : \_\_\_\_\_
6. Husband's Name : \_\_\_\_\_
7. Guardian Name & Phone No. : \_\_\_\_\_
8. Address for Correspondence : \_\_\_\_\_  
(With Telephone / Mobile No & E-mail ID)
9. Permanent Address : \_\_\_\_\_
10. Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_
11. Marital Status : Married / Unmarried
12. Educational Qualifications:

Sr. No.	Examination Passed	Grade	Year of Passing	Board / University	Specialization

13. Work Experiences :

Sr. No.	Period From	Period To	Total Period	Post Held & Scale of Pay	Name of the Employer	Reason for Leaving

14. If selected what period would you require joining the post: \_\_\_\_\_

15. If selected the candidate will have to provide fitness certificate from an authorized medical practitioner.  
I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.  
Date: \_\_\_\_\_  
Place: \_\_\_\_\_

**Dean**  
**B. J. Medical College**  
**Ahmedabad.**

Signature of Candidate

*(Handwritten Signature)*  
13/2/16