



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
INSTITUTE OF NATIONAL IMPORTANCE
BENGALURU – 560 029

NO.NIMH/A&E-SA/N&NC/NM/SR/2018-19

Date: 10.07.2018

NOTIFICATION

WALK IN INTERVIEW

for the Posts of:

1	No. of post	ONE
	Name of the Post	Post MD/DNB(Anaesthesiology) Senior Resident in the Dept. of Neuroanaesthesia and Neurocritical Care
	Educational Qualification	MD / DNB in Anaesthesiology from MCI Recognized Institution/Medical College
	Experience	Not Applicable
	Upper Age limit	35 years as on 19.07.2018
	Pay Band Grade Pay	PB: Rs.15600-39100 GP: Rs.6,600/-
	Initial Pay in the Pay Band	Rs. 18,750/- + Grade Pay Rs.6,600/- plus allowances
	Duration of Post	The tenure of the post of Senior Resident shall be as per Residency Scheme laid down by the Ministry of Health & Family Welfare, Government of India. The total duration cannot be beyond tenure as per Residency Scheme (Adhoc-Regular), in any circumstances, including the duration of residency already rendered by the applicant in any hospital of govt./ public sector undertaking / autonomous bodies funded by the govt. prior to this appointment, if any.

2	No. of post	ONE
	Name of the Post	Post MD/DNB(Nuclear Medicine) Senior Resident in the Dept. of Neuro Imaging and Interventional Radiology
	Educational Qualification	MD / DNB in Nuclear Medicine from MCI Recognized Institution/Medical College
	Experience	Not Applicable
	Upper Age limit	35 years as on 19.07.2018
	Pay Band Grade Pay	PB: Rs.15600-39100 GP: Rs.6,600/-
	Initial Pay in the Pay Band	Rs. 18,750/- + Grade Pay Rs.6,600/- plus allowances
	Duration of Post	SIX Months (Renewable for a further period of six months based on the recommendation of the HOD by assessing the performance of the candidate).

APPLICATION FOR THE POST OF SENIOR/JUNIOR RESIDENT

Paste your
latest
passport size
photograph
duly self
attested

1. NAME OF THE SPECIALITY APPLIED FOR _____
2. Name (In Block Letters) _____
3. Father's/Husband's Name _____
4. Correspondence Address (In Block Letters) _____

5. Permanent Address: _____

6. Mobile No. / Local Tel No. : _____
7. Date of Birth (Proof to be enclosed): _____
8. Educational Qualification: (Attested Copies of the certificates to be enclosed):

Sl.No:-	Exam	Year of Passing	Board/University	% of marks	No. of Attempts

9. Whether belongs to SC/ST/OBC (copy of certificates to be Enclosed): _____
10. Registration No: _____
11. Whether worked as Senior/Junior Resident on adhoc/regular basis:

Name of the Institution	Worked as	Period of appointment		Speciality in which worked
		From	To	

