

# (A centre of Excellence) DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES, VIBHUTI KHAND GOMTI NAGAR, LUCKNOW-226010 (PEDIATRIC DEPARTMENT) Email-id:- rmlhsncu@gmail.com

Ref.No:- 01 /pedia/drrmlims/2024/PLCL

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Date: 25.7-2024

#### **Advertisement Notice**

Walk-in-Interview will be held for appointment to the following posts on contract basis for Nutrition Rehabilitation Center (NRC) in the Department of Pediatrics of Dr. Ram Manohar Lohia Institute of Medical Sciences, Gomti Nagar Lucknow:-

Sr. No.	Position Name	No. of Posts	Essential qualification & Experience	Honoraria per month	Maximum Age limit
1	Medical Officer	1	<ul> <li>MBBS degree from recognized University/ Institution or equivalent included in any one of the schedules to the Indian Medical Council Act, 1956 (102 of 1956)</li> <li>Registered in State Medical Register of Indian Medical Register.</li> </ul>	100000.00	45
2	Feeding Demonstrator	1	<ul> <li>Graduation in Home</li> <li>Science/Nutrition or One year of</li> <li>Post Graduate Diploma in Nutrition.</li> <li>Exerience: Preference will be</li> <li>given to the candidates with 02 years of relevant experience.</li> </ul>	16500.00	45
3	Staff Nurse	4	• Diploma in General Nursing and Midwifery OR BSc. Nursing by any recognized institute approved by Nursing Council of State/GoI. Registration form UP State Nursing Council at the time of online submission of application.	20500.00	45

Date, Time & Venue of Walk-in Interview

SNo.	Name of Post	Date & Time of Interview	Venue of Interview
1-	Medical Officer	09/08/2024	Administrative Block, Ground
2-	Feeding Demonstrator	at 10.00 am onward	Floor Conference Hall, Dr. Ram Manohar Lohia Institute of Medical
3-	Staff Nurse		Sciences, Vibhuti Khand, Gomti Nagar Lucknow-226010



### Sanction of Fund

The appointment of the above posts is on the basis of specific fund sanctioned & received from National Health Mission under FMR Code -RCH-7.54.OOC, for **Nutrition Rehabilitation Center** (NRC) in the Institute. Subsequent contract appointment will depend upon sanction& receipt of fund in this regard from NHM.

## **General Instructions:**

- 1) The Posts are purely Contract basis for a period of one year, extendable on satisfactory service and further subject to receipt of fund from NHM.
- 2) The terms and conditions of appointment will be as per NHM.
- 3) The Candidate are required to bring the bio-data/Checklist from duly filled in, at the time of interview in the prescribed format as attached herewith.
- 4) The candidates should fulfil in eligibility criterian any other age, etc as on date of walk-in Interview.
- Candidates must report by 10:00 AM at Dr. Ram Manohar Lohia Institute of Medical Sciences, Conference Hall, Ground floor adminstrative block, Vibhuti Khand, Gomti Nagar Lucknow.
- 6) Candidates should bring the curriculum vitae along with self-attested copies of all relevant certificates enclosed in the following order:
  - i) High School/Intermediate Marksheet & Certificate.
  - ii) Graduate/Post Graduate/Diploma Marksheets and Degree/Certificate.
  - iii) Caste certificate/experience certificate/any other aplicable certificate.
  - iv) Identity Proof: Aadhar Card/PAN card/Passport/Voter ID Card(Any one)
  - v) Two Passport size photographs
- 7) The required degree should be from a recognized medical University/Collage.
- 8) Age limit /Age relaxation & other reservation shall be admissible as per Uttar Pradesh State Government's relevant statutory/executive orders.
- 9) No TA/DA shall be paid for appearing in interview & joining.
- 10) Director reserves the right to reject the Candidature without assigning any reason.
- 11) The number of seats may increase or decrease.



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## Dr. Ram Manohar Lohia Institute of Medical Sciences,

Vibhuti Khand, Gomti Nagar, Lucknow-226010
Ph No. 0522-6692120, 6692101 Fax No. 0522-4918056, Website: - <u>www.drrmlims.ac.in</u>



## **Application Form**

Advertisement No .:-

Į.	Name of the post against whic	h app	olied for:		
					Paste a self-signed Passport size Photograph Do not staple Signature of Candidate
2.	First Name	$\perp$	Middle Name		Surname
		$\perp$			
3.					
	Father's Name				
4.	Date of Birth (DD/MM/YY)	$\Box$	Age as or Interview		
_					
5.	Gender: Male/ Female/ Transg	ender	r		
6.	Marital Status (Single-1, Marrie	ed-2, \	Widow-3, Divorced-4	, Separat	ed-5)
7.	Mailing Address:		9. Mo	bile	
			10. E-	mail:	
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8.	Permanent Address (if, different fi above):	rom	11. A	adhaar	Card No.:
	,				



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## **Educational Qualification**

12.	<b>Examination Passed</b>	Institution	Subject	Year	No. of Attempts
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## **Experience if required**

13.	Last Post	Pay-	Institution	Duration	
15.	Held	Scale		From	To
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#### **Declaration:**

I hereby declare that all statements made in the application are true, complete and correct to best of my knowledge and belief. I, solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately cancelled without any notice. In this matter decision of the admitting Institute shall be final and binding on me.

Places	Signature of the Candidate
Place: Date:	