

RAJENDRA INSTITUTE OF MEDICAL SCIENCES, RANCHI

REQUIRED

Advertisement No. / RIMS, Ranchi, dated

Application with complete bio-data are invited for filling up the under mentioned posts in Rajendra Institute of Medical Sciences, Ranchi an autonomous institution under Government of Jharkhand on contract basis.

Sl. No.	Name of Post	No. of Posts	Category	Pay Scale
1	Administrative Officer	1	UR	15600-39100 Grade pay 5400 (Calculation as on contract basis)

Eligibility:

1. MBA with 5 years experience in administrative works/ MBBS with diploma in Hospital Administration with 5 years experience in Administrative works.

Maximum Age Limit : 45 years which can be relaxed in Ex. Army man upto 50 years.

INSTRUCTION FOR THE CANDIDATES

1. Complete application with Bio-data in all respects, signed by the candidate should reach the office of the Director, **Rajendra Institute of Medical Sciences, Ranchi-834009 on/or before 08-10-14 till 5.00PM by Registered/Speed Post only.** After the due date and time (i.e.08-10-14 till 5.00 PM) applications or any other documents shall not be accepted. The institute shall not be responsible for any postal delay.
2. The envelope should be super-scribed with post applied for.
3. The post for which the application(s) is/are being submitted needs to be indicated clearly.
4. Self attested photocopies of educational qualifications & all testimonials showing experience etc. and one self attested passport size photograph should be attached with the application form and the other should be annexed to it.
5. Incomplete application will not be considered.
6. Employees of Government or Semi-government departments should apply through proper channel. However advance copy shall also be accepted provided No Objection Certificate from the employer is annexed with the application.
7. The candidate must be a citizen of India.
8. No TA/DA will be given to the candidates if called for interview.
9. For the purpose of calculating working experience and Maximum age Limit cut off date shall be 08-10-14
10. The candidate must enclose Bank Draft in favour of "**Director, Rajendra Institute of Medical Sciences, Ranchi PAYABLE AT RANCHI.**" The amount of bank draft (i) for General, BC-I, BC-II Rs. 500/- (Rs. Five Hundred Only) & for SC & ST candidates Rs. 250/- (Rs. Two Hundred Fifty Only), which is non refundable in any case.
11. Canvassing in any form and /or bringing in any influence will be treated as disqualification.
12. The candidate shall also be allowed to join if he/ she shall furnish the certificate of lien or deputation from their present employer, specifying the duration of lien or deputation.
13. Director RIMS, Ranchi reserves the right to modify or cancel the appointment process at any stage.
14. In case of any dispute the matter will be under the jurisdiction of Jharkhand High Court.
15. The selected person will be kept on probation for a minimum period of one year.

Sd/-

Director

Rajendra Institute of Medical Sciences,
Ranchi

Memo9492..... / RIMS, Ranchi. Dated :10/9/14.....

Copy to : Account Officer / Office Superintendent/ Accountant/ Chief Cashier/ Cashier/ Director Cell/ Receiving Clerk, RIMS, Ranchi for information and needful.

Director

Rajendra Institute of Medical Sciences,
Ranchi

APPLICATION FORMAT FOR THE POST OF ADMINISTRATIVE OFFICER

Advertisement No.....

Application for the post of, at Rajendra Institute of Medical Sciences, Ranchi-09.

1. APPLICANT'S NAME (In block letters) :

2. FATHER'S/HUSBAND'S NAME (In block letters):.....

3. DATE OF BIRTH :

4. AGE ON (-----) :----- SEX ----- NATIONALITY -----

7. RELIGION : ----- CATEGORY (Write whether Category out of Gen/ST/SC/BC-I/BC-II)-----

9. ADDRESS (Including Pin Code No., Mobile No. & Email)

i. CORRESPONDENCE:

ii. PERMANENT :

10. EDUCATIONAL QUALIFICATIONS (Starting from matriculation) :

S.No.	Examination (s) passed	Subject	College/ Institute	Board/University	Yr. of Passing with marks(%)	No. of attempts

11. TEACHING EXPERIENCES:

S.No.	College/Institute	Post held	From	To	Total duration

12. DETAILS OF APPLICATION FEE: Bank Name & Branch ----- D.D. No. with Date----- Amount -----

15. LIST OF SELF ATTESTED COPIES OF TESTIMONIALS WITH PAGE NO OF ENCLOSURES:

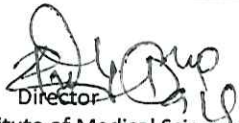

16. DECLARATION:

I,.....do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, I hereby convey my consent for cancellation of my candidature.

Place:

Date:

Signature of the Candidate


Director
Rajendra Institute of Medical Sciences,
Ranchi

22/09/17