



Jawaharlal Institute of Post Graduate Medical Education and Research
(An Institute of National importance under the Ministry of Health & Family welfare, Government of India)

Department of Microbiology

REGIONAL LEVEL VIRAL RESEARCH AND DIAGNOSTIC LABORATORY-(RVRDL)

Ref. No. JIP/MICRO/RVRDL/Recruit-7

28/01/2020

DEPARTMENT OF MICROBIOLOGY
JIPMER, PUDUCHERRY-6

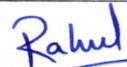
REGIONAL LEVEL VIRAL RESEARCH & DIAGNOSTIC LABORATORY (RVRDL)

Applications are being invited for the following post for Regional Level Viral Research & Diagnostic Laboratory under DHR/ICMR Funded "Establishment of a Network of Research Laboratories for Managing Epidemics and Natural Calamities in the Department of Microbiology, JIPMER on contract basis.

S.No	Name of the Post	No. of Post	Eligibility Criteria	Max Age	Emoluments
1	Data Entry Operator	1 nos	Refer Sec-A	30	16000/pm (Consolidated)
2	Multitask Worker	2 nos	Refer Sec-B	30	12000/pm (Consolidated)

* **Age Relaxation:** for SC/ST, OBC is as per the Government Rules

S.No	Name of the Post	Evaluation Criteria
1	Data Entry Operator	written test based on Undergraduate knowledge and interview
2	Multitask Worker	written test based on General knowledge, English, mathematics and interview


Dr Rahul Dhodapkar
Additional Professor of Microbiology
JIPMER, Puducherry-6

PRINCIPAL INVESTIGATOR
Regional Level Viral Research &
Diagnostic Laboratory (RVRDL)
Department of Microbiology
JIPMER, Puducherry - 6

Qualification for the posts

SECTION-A

DATA ENTRY OPERATOR

ESSENTIAL QUALIFICATIONS

Graduate with knowledge of data entry work.

DESIRABLE QUALIFICATION:

Knowledge of Computer Applications with good typing skill for data entry work

SECTION-B

MULTITASK WORKER

ESSENTIAL QUALIFICATIONS

High School / Matric / equivalent from a recognized Board.

DESIRABLE QUALIFICATION:

Knowledge of Computer Applications with good typing skill for data entry work

Terms & Conditions:

Interested candidates may send their **filled application (application attached below)** with relevant Bio-data via **Post** on or before **18/02/2020 Tuesday before 04.30 PM** The envelope should be labeled as “**Application for the post of _____ Regional Level Viral Research & Diagnostic Laboratory (RVRDL).**”

- Candidates applying for the post without Application form will be rejected
- Eligible candidates will be called for **written test/skill*** test which is followed by interview
- Date and venue of interview will be intimated through e-mail only.
- No TA/DA will be provided for attending the interview.
- Filled application forms received without the following will be rejected
 - a) Valid email address & phone number
 - b) Proof of Age(**self-attested**)
 - c) Degree certificates (**self-attested**)
 - d) SC/ST,OBC certificate for age relaxation if any (**self-attested**)
- The job is time bound for a period of 1 year (likely to continue beyond 1 year depending on satisfactory performance).
- Application received after the last date **18/02/2020 Tuesday before 04.30 PM** will be summarily rejected.
- * Written test/Skill test is only for Laboratory technician/Multitask worker

Note: A valid e-mail-id is compulsory as further communication will be made through e-mail.

Mailing address:

Dr Rahul Dhodapkar
Additional Professor of Microbiology
JIPMER, Puducherry- 605 006.



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Application Form

Post Applied for: _____

1. Name of the Applicant (*in full block letters*): _____

Paste a recent
photograph

2. Father's/Guardian's/Husband's Name: _____

3. Date of Birth: _____ (*dd/mm/yyyy*)

4. AGE (*as on 18/02/2020*): Years: _____ Months: _____ Days: _____

5. Address for Communication: _____

Mobile No *: _____ **Email*:** _____

*** - Mandatory**

6. Educational/Technical Qualifications

(*From 10th or equivalent onwards, self-attested copies to be enclosed*):

Examination passed	Year of passing	University/Board	Division/Class	% of Marks*	Subjects

* convert CGPA into percentage

7. Experience: (from recent)

S.NO	Institution/Company	Designation	From	To	Duration	Proof Submitted

8. Other information relevant to the post (*if any*):

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9. Attached Copy of SC/ST,BOC Certificate for age relaxation (*if any*): Yes/No

10. DECLARATION: I do hereby declare that the above information furnished by me are true and correct to the best of my knowledge.

Place:

Date:

.....

(Signature of the Applicant)

List of Enclosures: