



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

STATE REFERENCE CENTRE FOR STI/RTI

Ref. No. JIP/MICRO/SRL/Recurit -1

16.10.2019

SRC, Department of Microbiology

JIPMER, Puducherry – 6

Applications are being invited for the below post for State Reference Centre for STI/RTI under Pondicherry AIDS Control Society funded “ National AIDS Control Organization” in the Department of Microbiology, JIPMER on contract basis.

Sl. No	Name of the Post	No. of Post	Eligibility Criteria	Max Age	Emoluments
1	Lab Technician	1 nos	Refer Sec – A	60	13000/pm (consolidated)

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

Sl No	Name of the Post	Evaluation Criteria
1	Lab Technician	Screening test based on Undergraduate knowledge and interview

Dr. Rakesh Singh
Additional Professor,
Department of Microbiology,
JIPMER, Puducherry-6

Qualification for the posts
SECTION.A

LABORATORY TECHNICIAN

ESSENTIAL QUALIFICATIONS:

- B.Sc Microbiology with one year experience* in Molecular Diagnostic laboratory
- B.Sc Medical Laboratory Technology (3 years regular) with one year experience* in Molecular Diagnostic laboratory
- Diploma in Medical Laboratory Technology (2 years) with 2 years experience* in Molecular Diagnostic laboratory

* Experience will be considered only when relevant work experience certificate from Medical college / Research institute is enclosed with the application

Terms & Conditions:

Interested candidates may send their filled application with relevant Bio-data given below via Post on or before 6.11.2019 Wednesday before 04:30 PM. The envelope should be labeled as "Application for the post of Lab Technician for State Reference Centre for STI/RTI (SRC)."

- Candidates applying for the post without Application form & Photo will be rejected
- Eligible candidates will be called for screening test (written test for all eligible candidates followed by interview for the short listed).
- Date and venue of screening test will be intimated through e-mail only.
- No TA/DA will be provided for attending the Screening test.
- 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) Experience certificate (self-attested)
 - e) SC/ST, OBC certificate for age relaxation if any (self-attested)
- Working candidate should submit the No objection certificate from the respective organization. Failing which the application will be rejected.
- 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 6.11.2019 Wednesday before 04:30 PM will be summarily rejected.

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

Mailing address:

Dr. Rakesh Singh
Additional Professor,
Department of Microbiology,
JIPMER, Puducherry-6



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Application Form

Post Applied for: _____

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

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

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

4. AGE (*as on 06/11/2019*): 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

Paste a recent
photograph

(Mandatory)

7. Experience: (from recent)

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

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

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: