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 INFLUENZA LAB (RIL)

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Ref. No. JIP/MICRO/RIL/Recruit-2 **04/12/2019**

DEPARTMENT OF MICROBIOLOGY
JIPMER, PUDUCHERRY-6

Regional Influenza lab (RIL)

Applications are being invited for the below post for Regional **Regional Influenza lab (RIL)** under IDSP Funded project in the Department of Microbiology, JIPMER on contract basis.

S.No	Name of the Post	Age Limit	No. of Post	Consolidated pay per Month	Educational Qualification & Experience	Terms of Reference
1	Laboratory Technician	**Not Exceeding 30** *Age Relaxation for SC/ST, OBC is as per the government rules	1	**Rs. 15,000/- per month.**	**Educational Qualification:** B.Sc / Intermediate with diploma in Medical Laboratory Technology or High School with 5 years lab experience * **Desirable Qualification:** • One year work experience in Medical Microbiology/Virology * • Hands on Experience preferably in molecular techniques especially Real time PCR *	1. Collection of samples from sentinel sites situated across the state of Pondicherry on weekly basis (including Karaikal) 2. Performing real time PCR test on the samples 3. Maintain the accounts and stock register for the funds received

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

Rahul

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

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

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Terms & Conditions:

Interested candidates may send their **filled application (Application enclosed)** with relevant Bio-data given below via **Post** on or before **26/12/2019 Thursday before 04:30 PM.** The envelope should be labeled as "**Application for the post of Lab Technician in Regional Influenza lab (RIL), Department of Microbiology**

- 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 skill test & 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) 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 **26/12/2019 Thursday 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:

Rahul

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

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

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Application Form

Post Applied for: _____

Paste a recent photograph

(Mandatory)

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 26/12/2019)* 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*

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: