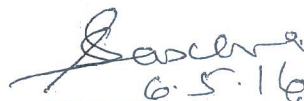# NATIONAL INSTITUTE OF PATHOLOGY

(Indian Council of Medical Research)

SAFDARJUNG HOSPITAL CAMPUS, SRIRAMCHARI BHAWAN
POST BOX NO.4909, NEW DELHI-110029

....

Application are invited up to **10ᵗʰ June,2016** for the following posts as detailed below:

N	Name of the Post	Pay Band & Grade Pay	Total No. Of Post	Reserved / Un-reserved	Age limit by closing date	Essential Educational Qualification & Experience
	Technician - C	PB-1, Rs.5200-20200 + GP 2800	One	**UR- One**	Not exceeding 30 Years	10+2 With Science subjects or equivalent from a recognized Board one year Diploma in Medical Laboratory Technology (DMLT) or relevant subject from Govt. Recognized Organization /Institute/Medical College and One Year experience in recognized institute. **OR** 10+2 with science subject with Two Years Diploma in Medical Laboratory Technology (DMLT) and relevant subject..
	Stenographer (English)	PB-1, Rs.5200-20200 + GP 2400	Two	**UR – One OBC- One**	Between 18-27 years	1. 10+2 or its equivalent examination from a recognized board 2. Shorthand Speed (in English): 80 w.p.m. Typing: 35 w.p.m. correspond to 10500 KDPH on an average of 5 key Depressions for each word,

Application Form, Detailed instruction and other information can be obtained from Institute website **www.instpath.gov.in** and ICMR website: **www.icmr.nic.in** on or before the closing date.

Saxena
6.5.16

DIRECTOR
National Institute of Pathology

डा० सुनीता सक्सेना/DR. SUNITA SAXENA
निदेशक / Director
राष्ट्रीय विकृति विज्ञान संस्थान . भा.आ.अं.
National Institute of Pathology -
सफदरजंग अस्पताल परिसर
Safdarjung Hospital Camp
नई दिल्ली-110029 / New Delhi-1

GENERAL CONDITIONS:

1. The selection will be made by conducting a Written Test' for the eligible candidates after short listing who fulfill the eligibility criteria. Post sr.no.2, Skill Test in Shorthand shall be conducted those candidates who will qualify the written test as per eligibility criteria.

2. Appointment will be made on the basis of merit of the result of competitive tests.

3. The incumbent will be government by the new restructured defined contributory Pension system as per the provision contained in the Ministry of Finance, Department of Economic Affairs (ECS & PR Division) Notification No. 5/7/2003-ECB & PR dated 22.12.2003 effective form 1.1.2004.

4. The post is temporary but likely to be continued.

5. The incumbent will be governed by rules and regulation of ICMR/GOI

How to apply:

1. Application Form, Detailed instruction and other information can be obtained from Institute website www.instpath.gov.in and ICMR website: www.icmr.nic.in.

2. Age relaxation up to 5 years for Government servants and for SC/ST and 3 years for OBC candidates in accordance with the instructions issued by the Department of Personnel and Training from time to time in this regard.

3. Application Forms duly completed in all respects and signed by the applicant along with copies of relevant enclosures should be sent to the Director, National Institute of Pathology, Safdarjung Hospital Campus, Sriramachari Bhawan, Post Box No. 4909, New Delhi- 110029 on or before the closing date (10.06.2016) up to 5.00 p.m).

4. Candidates may pay the application fee of **Rs.100/-** in the form of crossed IPO / Demand Draft drawn in favour of **DIRECTOR, NATIONAL INSTITUTE OF PATHOLOGY payable at NEW DELHI** (SC/ST/Physically Handicapped candidates and Woman Candidates are exempted from the payment of application fee). Fees is payable by all other candidates including ICMR employees

5. Unsigned/Incomplete application without supportive documents asked for and application received after due date shall be summarily rejected.

6. Documents to be enclosed with the application From (copies attested by Gazetted Officer/ Self attested) (i) Proof of Date of Birth, (ii) Educational qualification, (iii) Experience, (iv) IPO / Demand Draft for Application Fee (v) Caste certificate /PH certificate (if applicable).

7. Employees working under the control of Central/State/Semi Government & Government controlled undertaking should apply 'Through Proper Channel'.

NOTE: Any canvassing by or on behalf of the candidates or to bring political or other outside influence with regard to selection/recruitment shall be disqualification. The decision of the Director NIOP, New Delhi will be final in this regard.

<div align="right">Director</div>

NATIONAL INSTITUTE OF PATHOLOGY
(INDIAN COUNCIL OF MEDICAL RESERCH)
SAFDARJUNG HOSPITAL CAMPUS, SRI.RAMACHARI BHAWAN
POST BOX NO. 4909, NEW DELHI-110029

APPLICATION FORMAT

Paste Recent Passport Size
Photograph with self attested

Post applied for _____

Details of Application Fee
(DD No. / IPO No._____ Dated _____Rs._____)

1. Name in full (Block Letters) _____

2. Parent's/ spouse's name _____

3. Sex _____ 4.. Nationality _____ 5. Marital Status _____

6. Date of birth (dd/mm/yy) _____

7. Age (as on 10th June, 2016) _____ Years _____ Months _____ Days

8. Category (General / SC / ST /OBC / PH) _____
    [Enclosed proof of Caste certificate issued by Competent Authority]

9. Address for Communication _____

    _____

    _____

10. Contact No. _____ e.mail _____

11. Educational qualifications: (attached self attested photo copies)

S No.	Exam passed	Name of Board / University	Subjects	Year of Passing	% of Marks

12.	TECHNICAL QUALIFICATIONs

S.No.	Diploma / Certificate	Name of Organization / Institute / Medical college	Subjects	Year of Passing	% of Marks

13.	Details of Experience (current occupation first)

Sr. No.	Name of employer	Date of joining	Date of leaving	Nature of Employment/Duties

*Additional information may be provided on separate sheets

14.	Shorthand Speed (English) _____ w.p.m.	Typing Speed _____ w.p.m.(on Typewriter)
	or	_____ __keys Depressions (On Compter)

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation/ termination without notice or any compensation in lieu thereof.

Place: _____	(Signature of candidate)

Date: _____