



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)
Hospital based autonomous academic Institute, under
Government of National Capital Territory of Delhi dealing with
"Brain- Mind Problems & Their Solutions"



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Adv. No. 11/2020/Estt./IHBAS/

9166

Dated: 27/10/2020

RECRUITMENT NOTICE

ENGAGEMENT OF 2 (TWO) CONSULTANTS (RADIOLOGY) ON CONTRACTUAL BASIS IN IHBAS FOR 3 MONTHS THROUGH WALK-IN-INTERVIEW TO BE HELD ON 29.10.2020 AT 2.00 PM

IHBAS intends to engage 2 (two) Consultants (Radiology) immediately, through Walk-in-interview, for engagement of 02 (Two) Consultants (Radiology) for 3 months in IHBAS on lump-sum fee of Rs.30,000/- per month to provide radiology services. **The Walk-in-Interview will be held on 29.10.2020 at 2.00 p.m. (Reporting Time is 1 p.m.)** The duty hours of one Consultant will be between 10 am to 12 noon and for second Consultant from 2.00 p.m. to 4 pm on all working days in IHBAS.

2. The essential qualification for engagement of Consultants (Radiology) will be **"Recognized Post Graduate Degree/Diploma in the Radiology"**. **The age of candidate should not be exceeding 64 years.**

3. The interested and eligible candidates holding the requisite qualification from recognized University may apply in prescribed format given hereunder, affix a recent colored photograph, along-with attested photocopies of all documents viz. SSC(Xth) certificate for DOB), PG Degree/Diploma Certificate, MBBS passing certificate (provisional/degree), MBBS mark sheets, Internship Completion certificate, Delhi Medical Council registration slip/registration etc. While coming for the interview candidates should bring all the original documents for verification.

6. No TA/DA will be allowed for appearing in the interview.

27.10.20
Offg. Joint Director (Admn)
IHBAS

INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCE
DILSHAD GARDEN, DELHI-110095

APPLICATION FORMAT

1. Name of the Post _____
2. Name of the candidate (In block Letters) _____
3. Father's Name _____
4. Date of Birth _____
5. Address for Correspondence: _____

6. Telephone/Mobile No. _____
7. E-Mail ID _____

Please affix a
Passport size
photograph
with your
signature

8. Education/Professional Qualification:

Level	Year of Passing	Div./Grade	University	Subject Specialization
M.B.B.S.				
M.D.				

(Attach separate sheet if space is not sufficient)

9. Experience:

Name of Department	Post held	Ad-hoc/ Tenure/ Regular	Exact dates to be given		Total period (in years)	Scale of Pay	Nature of Duties
			From	To			

(Attach separate sheet if space is not sufficient)

10. Details of present employment (Wherever applicable): _____

Declaration to be signed by the candidate

I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief and nothing material fact/information has been suppressed or concealed there from. If particulars mentioned by me are found false or incorrect at any stage, then my services shall be liable to be terminated without any notice.

Place:

Date:

Signature of the Candidate

Name