ICMR-NATIONAL INSTITUTE OF PATHOLOGY

SAFDARJUNG HOSPITAL CAMPUS

NEW DELHI-110029 NOTIFICATION

Dated: August 1, 2022

No. NIP\ICMR\seeTB\2022-23\2610

VACANCY NOTIFICATION IN PROJECT POSITIONS

Online applications are invited in the prescribed format upto 05:00 PM by Aug 16, 2022 for

filling up the following temporary posts in the project entitled "Multi-Center clinical

Validation of the novel fluorescence imaging instrument: seeTB system", under Principal

Investigator-Dr. Sangita Rastogi, Scientist G; Project Coordinator-Dr Nasreen Z Ehtesham,

National Institute of Pathology (ICMR), as per the details provided below. After screening of

applications, only shortlisted applicants will be called for interview. The duration of the

appointment is for a one year and extendable till the end of the project.

[IMPORTANT: Applications must be submitted only in the format provided below.

Incomplete applications or applications not in proper format will be summarily rejected]

1) POST: Scientist C (non-medical)

Number of Post: One

Age Limit: 40 Years

Essential Qualifications:

1st class Master's Degree in Microbiology/Biotechnology/ Biosciences/ related areas from a

recognized university with four years' experience in relevant field.

OR

2nd class Master's Degree plus PhD degree in Microbiology/ Biotechnology/Life Sciences/

related areas from a recognized university with four years' experience in relevant field.

Desirable:

Ph D in relevant subject. At least five publications in peer-reviewed journals in the

relevant area. Prior experience in TB research/ Drug development/non communicable diseases/ handling pathogenic microorganisms in BSL3 Laboratory. Ability to design and execute independent research studies.

How to apply – Applications should reach by E-mail to "tbprojectsnip@gmail.com" latest by August 16, 2022. Apply with detailed CV in the format provided with this advertisement. National Institute of Pathology (ICMR) reserves the right to shortlist the candidates in case of receipt of large number of applications. Only Shortlisted candidates will be intimated by E-mail regarding the date and time of interview. All candidates must bring CV, original certificates, letter of recommendation, and one set of self-attested photocopy of all certificates. Candidates who are already working elsewhere should provide NOC from current employer. No TA/DA will be paid for attending the interview. The selected candidate will have no claim for regular appointment under ICMR or continuation of his/her services in any other project. The Director, National Institute of Pathology reserves the right to cancel the post or provide age relaxations to candidates currently working/ have worked in ICMR institutes or ICMR projects with relevant experience.

[IMPORTANT: Applications must be submitted only in the format provided below. Incomplete applications or applications not in proper format will be summarily rejected]

Director

FORMAT FOR APPLICATION FOR POST OF SCIENTIST-C (Non Medical)

National Institute of Pathology

New Delhi

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| 2. | Higher Secondary | | |
| 3. | Graduation | | |
| 4. | Post Graduation | | |
| 5. | Others | | |
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11. Work / Resaerch experience (Certificate in proof of experience must be attached):

| SL. | Period | | Period Post held & Job description | Name of Employer | | |
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| NO. | From | To Date | No. of | No. of | | |
| | Date | | Years | months | | |
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12. Publications (if any): Please attach as separate sheet if required

| Sl | Journal | Year | Volume and | Authors | Impact | Citations |
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| No | | | Page | | Factor | |
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| Title Year Filed/Awarded |
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| National/International Year |
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15. Details of Grants/ Projects:

| Sl | Grant Title | Awarding Agency | Duration | Role as |
|----|-------------|-----------------|----------|--------------|
| No | | | | Investigator |
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| 16. If selected what period would you require joi | ning the post: |
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| 17. | 7. Are you currently Employed? Yes/No | | | | | |
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| | f Yes, "No Objection Certificate" (NOC) from current employer is attached. Yes/No | | | | | |
| 18. | Have you ever been declared unfit by a medical Boa | Yes / No | | | | |
| | for appointment in any govt. Service? | If yes, details | | | | |
| 19. | Name, designation, address, contact number and E-mail | of TWO Referees: | | | | |
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| | ii) | | | | | |
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| | I hereby declare that the particulars furnished in this form | by me are true to the | best of my knowledge and belief. | | | |
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| | Date: | | Signature of the Candidate | | | |