



NATIONAL FORENSIC SCIENCES UNIVERSITY, BHOPAL CAMPUS

(Institute of national Importance under Ministry of Home Affairs, Govt. of India)

C/o CFSL Bhopal, Barkheda Bonder, Bhopal, M.P. – 462038

Tel.: 0755-2995274, Email: purchase_bhopal@nfsu.ac.in

website: www.nfsu.ac.in

APPOINTMENT OF PART-TIME OPD CONSULTANT ON CONTRACTUAL BASIS

Subject: - APPLICATIONS ARE INVITED FROM ELIGIBLE MEDICAL PRACTITIONERS FOR THE POST OF PART TIME MEDICAL CONSULTANT AT NFSU BHOPAL CAMPUS

National Forensic Sciences University, Bhopal Campus invites applications are invited from qualified woman Doctors/ medical practitioners for providing the service of OPD Consulting to the day boarder students of the University Campus

Application forms with all relevant details may be submitted online/offline as per the details given underneath.

Name of Post	OPD Consulting for students (One Hour on alternate working days)
Minimum Essential Qualification Required	MBBS from a recognised Institute. Post-Graduation/diploma in any clinical discipline is desirable
Desired Experience Required	2-3 Years post qualification experience in any hospital/OPD—is desirable
Emolument (in Rs.)	Negotiable as per qualification and experience
Place of Service	NFSU Bhopal Campus Barkhera Bonder
Procedure for selection	Interview (In person) by a Committee

B. General Instructions and Terms & Conditions:

1. Engagement is purely contractual on Part Time basis initially for a period of six months only which is extendable as per the requirement.
2. Candidates having experience in Institutional environment will be given preference.
3. Selected candidate will not have any right whatsoever to claim for regular appointment in NFSU by virtue of working as a Contractual Medical Officer.
4. Candidates should ensure that they fulfil the essential eligibility criteria prescribed for the post for which they have applied. In case it is found at any stage of the selection process or even after appointment that the candidate has furnished false or incorrect information or suppressed any relevant information/ material facts or does not fulfil the essential eligibility criteria, his/her candidature/agreement/services are liable for rejection/ termination without notice.
5. NFSU reserves the right to cancel / restrict / enlarge the recruitment process, if the need so arises, without assigning any further notice or reason therefore.
6. Any important information including Corrigendum/Changes/Updates and information on selected candidates and general instructions during the course of recruitment process shall be made available either through the website or on the e-mail id provided by the candidates. Therefore, candidates may provide a valid e-mail id and keep it active for at least one year, simultaneously tracking the website for updates.
7. Any dispute with regard to recruitment against this advertisement will be settled within the jurisdiction of **Bhopal (Madhya Pradesh) Court** only.

Candidates should down load the requisite application format attached and send the same duly signed within 15 days from the date of publication of this advertisement by registered post to **Campus Director, National Forensic Sciences University, Bhopal Campus, C/o CFSL Bhopal, Barkheda Bonder, Bhopal, M.P. – 462038**. Individuals are required to send one set of

photocopies of all relevant testimonials along with resume and 2 colour passport size photographs. Shortlisted candidates will be called for interview on a convenient date.

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FORMAT OF APPLICATION FOR PART TIME MEDICAL CONSULTANT

To,
The Campus Director,
National Forensic Sciences University, Bhopal Campus,
C/o CFSL Bhopal, Barkheda Bonder,
Bhopal, M.P. – 462038

Dear Sir,

Re: Application for Part Time Medical Consultant at NFSU Bhopal Campus.

I refer to advertisement published in Newspapers on and apply for the captioned post and hereunder my Bio-data.

Personnel Information:

1.	Name of the candidate	
2.	Nationality	
3.	Father's Name /Spouse's Name	
4.	Mother's Name	
5.	Date of Birth	
6.	Address	
7.	Telephone No.	
8.	Mobile No.	
9.	E-mail id	

Educational Qualification:

Sl. No.	Exam Passed	University	Year of passing	Class	Percentage of Marks

Medical Council Registration No. & Place:

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Experience:

Sl. No.	Organization	Post Held	Period	Last Pay Drawn	Nature of Duties

The above information is true correct and supporting documents are enclosed.

PLACE:
DATE:

SIGNATURE:
NAME: