

राष्ट्रीय कोशिका विज्ञान केन्द्र, पुणे
National Centre For Cell Science, Pune
An Autonomous Institute of Department of Biotechnology,
Ministry of Science & Technology, Govt. of India
NCCS Complex, S. P. Pune University Campus, Ganeshkhind, Pune – 411 007.

Website: <http://www.nccs.res.in> E-mail: admindept@nccs.res.in Ph:020 25708000

Advertisement No. 1/2024

National Centre for Cell Science (NCCS), Pune is a premier Autonomous Institution established by the Department of Biotechnology, Ministry of Science & Technology, Government of India for Research, Development & Training.

NCCS invites applications for the post of Medical Consultant, **purely on temporary basis.**

1. **Medical Consultant:** 1(One) Post.

Monthly Consultancy Fees of Rs. 35,000/-.

Qualification Criteria: Candidates should possess minimum MBBS Degree.

Desirable Qualification: Course completed in Basic Life Saving (BLS). Preference will be given to candidates possessing qualification of DGO/Gynecology/Medicine.

Age Limit: Maximum age limit for applying is up to 60 years.

Experience: Minimum 05 years experience after award of MBBS degree and having registration with Maharashtra Council, Mumbai/State Medical Council.

The medical consultant is required to provide consultancy services for 2 hours daily either in the morning or in the afternoon on all the working days of the Institute. Institute will remain closed on all Saturday, Sunday and Government Holidays.

Interested candidates may send their application in the prescribed format* along with latest resume and all the necessary certificates to “The Director, National Centre for Cell Science, S.P. Pune University Campus, Ganeshkhind, Pune – 411007 **on or before 02.03.2024.**

***Download Application Format from website [http://www.nccs.res.in/careers/staff\(under staff in career tab\)](http://www.nccs.res.in/careers/staff(under staff in career tab)) Advertisement in Hindi and Marathi language are posted on our website.**

Notes :

1. Applications received after the due date and /or without the copies of the required certificates will not be considered. Proof of experience should be submitted along with application.
2. The Director, NCCS reserve the right to enhance / reduce the number of posts and also to cancel the recruitment process.
3. No interim inquires will be entertained.
4. The posts advertised shall be need based without any commitment for its filling.
5. Canvassing in any form and / or bringing in any influence will be treated as disqualification for the post.
6. The appointment will be for a period of one year and can be extended further, at the discretion of the Director.
7. Superscribe the name of the post applied for, on the envelope.

DIRECTOR

NATIONAL CENTRE FOR CELL SCIENCE, PUNE

APPLICATION FORM

Affix
Photograph
here

Registration Number	
Registration Number under CGHS as AMA, if any	
Area of Specialization	

1	Advertisement No.				
2	Name of the post:				
3	Name in full (in block letters)				
4 a)	Postal Address in full with telephone No./ Mobile No. (Mandatory field)				
b)	Permanent Address with telephone No./Mobile No. (Mandatory field)				
c)	E-mail Address				
5	a) Date of Birth <table border="1" style="margin-left: 100px;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> <p style="margin-left: 100px;">dd mm yy</p> <ul style="list-style-type: none">• Proof should be enclosed.				b) Present Age: _____ Years _____ Month
	c) Sex: Male/Female	d) Place of Birth:			
	e) Whether UR/SC/ST/OBC/PWD : If PWD % age of disability				
	g) Nationality :-				
6.	Have you been convicted by a Court of Law? Is there legal case filed against you in a Court of Law? If yes, provide details.				

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7. Educational Qualifications		
Examination passed	Year of Passing	School/College /University in Which studied
M.B.B.S.		
M.D./ M.S.		
Specialization/ Other qualifications		

8. The languages you can	Read :
	Speak :
	Write :

9. Experience	A)	<u>In Hospital (Attach proof)</u>				
Name & Address of the employer	Date of		Post held	Total Emoluments (monthly)	Nature of Duties	Reason for leaving
	Joining	Leaving				

Experience	B)	<u>In Self Dispensary / Clinic)</u>			
Name & complete Address of the Dispensary / Clinic	Visiting Hours		Average Number of patients visiting daily	Date of opening of Dispensary/Clinic	Remarks
	From	To			

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10. Preferable Visiting Hours in NCCS	Morning	From	to
	Afternoon	From	to

11. References – (not acceptable from relation) – Give full name & addresses of two referees with e-mail Id and telephone Nos.	
1.	2.

12. If selected what notice would you require for joining the post:	
13. Any of your relatives working in NCCS? If the answer is 'YES' give details such as Name, relation with the employee/in which section he/she is working.	
14. Additional information, if any	

I HEREBY DECLARE THAT THE PARTICULARS FURNISHED IN THIS FORM BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date:

Place:

Signature of the candidate