Institute of Kidney Diseases and Research Centre Civil Hospital, Campus, Asarwa Ahmedabd-380016.

Advertisement for Appointment

Applications are invited for the following posts in various subjects in the Institute of Kidney Diseases and Research Centre. Ahmedabad.

(1) Assistant Professor (2) Medical Officer Class-II

All eligible candidates have to send application in prescribed proforma with requisite certificates to reach this office upto 27/12/2021.

Details regarding no. of posts, Educational Qualification, Pay-scale, Age limit, application proforma etc. are available on Website: <u>www.ikdrc-its.org</u>.

Date: 16/12/2021	Director
Ahmedabad.	IKDRC, Ahmedabad

- 1. Applications in prescribed proforma are invited from eligible candidates for appointment on various vacant posts at Institute of Kidney Diseases and Research Centre, Ahmedabad.
- 2. Details regarding vacancy, Age limit, Pay Scale etc. is given below.
- 3. Application proforma attached herewith.
- 4. Application with attested xerox copies of necessary enclosures as mentioned in application form should reach to this office up to 27/12/2021.
- 5. The number of the candidate called for interview about thrice against the number of vacancies which advertised.
- 6. Regarding Educational Qualification, Experience etc. Recruitment Rules are attached here with.
- 7. Application with less information or enclosures will be rejected.
- 8. Possess the basic knowledge of Computer application as prescribed in the Gujarat Civil Services Classification and Recruitment (General) Rules 1967.
- 9. Candidate should be Citizen of India.
- 10. Experience should be considered after obtaining the essential education qualification.
- 11. One year relaxation in upper age limit is admissible as per G.A.D. Notification Dated on 14/10/2021
- 12. The Chairman, Selection Committee reserves the right to accept / reject any application without assigning any reason.

DETAILS OF VACANCY

Sr. No.	Post	Total No. of Vacancy
1	Assistant Professor – Nephrology	6
	Assistant Professor – Urology	3
	Assistant Professor – Obs & Gynec (High Risk Pregnancy)	2
	Assistant Professor – Radiology	4
	Assistant Professor – Pathology	3
	Assistant Professor – Anesthesiology	4
	Total	22
2	Medical Officer, Class-2	20
	Total (1 + 2)	42

(2) Pay Sacle as Per Seven 7th Pay Commission of Govt. Of Gujarat

Name of Post	Level	Matrix
Assistant Professor	Level-11	₹.68,900-2,08,700
Medical Officer	Level-9	53,100-1,67,800

> Incentive also will be paid as per decision of Chairman, IKDRC.

(3)

Maximum Age:

Name of Post	Age	Relaxation As Per
Assistant Professor	Up to 43 years	Recruitments Rules and
Medical Officer	Up to 35 years	MCI Notification and
		G.A.D. Notification Dated
		14/10/2021

INSTITUTE OF KIDNEY DISEASES AND RESEARCH CENTRECIVIL HOSPITAL COMPOUND
ASARWA, AHMEDABAD-380016.

APPLICATION FORM FOR ASSISTANT PROFESSOR

AFFIX PASSPORT SIZE PHOTO

1. Post Applied for : _____in (Subject) _____ Without / With Private Practice: 2. Name of Candidate (in English): _____ (in Gujarati): & Address (in BLOCK LETTERS) Telephone No. with code: (Phone) _____ (Mobile) _____ e-mail I.D. : 3. Category : : _____ 19____ Age: - _____ yrs. 4. Date of Birth Month : Male / Female 5. Sex 6. Present Job :_____

7. Whether CCC + Exam Passed? Yes/ No

8. <u>Educational Qualification</u>:

Sr. No.	Examination	Year of Passing	Name of Institute	Total Marks	Obtain Marks	Percentage	Attempt	For O use (S	
1	FINAL MBBS							%	
1.								Atte mpt	
2.	MD/MS/DSC/ DNB/Ph.D.							Atte mpt	
3.	DM/M.Ch./DNB							Atte mpt	

9. Details of Teaching Experience:

Sr.	Teaching Post Held	Name of Institution	Dates		Total Period		For
No.	reaching rost metu	Iname of Institution	From	То	Yrs	Mths	Office
							use
							(Score)
Tota	Total Teaching Experience						

State/ National / International Journal	No. of Paper	Published year	Name of Journal	Indexed (Yes/No)	Name of Article (attach list separately)	For Office use (Score)
1	2	3	4	5	6	7

10. Details of Research Publications:

11. Details of Gujarat Medical Council Registration:

1. MBBS Registration No: _____ Registration Date: _____

2. M.D./M.S./DNB/DSC/Ph.D. Registration No: _______ Registration Date: ______

3. D.M./M.Ch./DNB Registration No: _____ Registration Date: _____

12. <u>Name of two referees.</u> (With Phone No) 1. _____

2._____

1. <u>Check List of Enclosures</u> (attested photocopies- in following order)

Sr. No.	Attested photocopies in following order	please tick	Sr. No.	Attested photocopies in following order	please tick
		(√)			(√)
1.	FINAL MBBS Mark Sheet		7.	All Degree Certificates.	
2.	FINAL MBBS Attempt Certificate		8.	Teaching Exp. Certificate	
3.	MBBS Registration Certificate		9.	Caste Certificate	
4.	P.G. MARK SHEET		10.	Non Creamy Layer	
	MD/MS/DM/M.Ch./DNB//DSC/Ph.D.)			Certificate (For	
				SEBC Candidate applicable	
				only to domicile of Gujarat)	
5.	P.G. Attempt Certificate.		11.	Birth Date Certificate /	
	(MD/MS/DM/M.Ch./DNB/DSC/Ph.D.)			School Leaving Certificate.	
6.	MD/MS/DM/M.Ch./DNB/DSC		12.	Research Publication (Both	
	Registration Certificate.			original and photocopy) with	
				a proof of	
				Indexation. (As Per	
				Recruitment Rules)	

Undertaking

I declare that information stated above are true to the best of my knowledge. If above information is found to be false, I am bound to obey the decision of selection committee.

Place: Institute of Kidney Diseases and Research Centre, Ahmedabad

Date: - -2021.

INSTITUTE OF KIDNEY DISEASES AND RESEARCH CENTRE CIVIL HOSPITAL COMPOUND ASARWA, AHMEDABAD-380016.

AFFIX PASSPORT SIZE PHOTO

APPLICATION FORM FOR MEDICAL OFFICER

1.	Post Applied for	:	in (Subject)							
2.	Name of Candidat	e (in English):	n English):							
	(in Gujara	ti):								
			(Mobile)							
	e-mail I.D.	:								
3.	Category	:								
4.	Date of Birth	: 19	Age: yrs.	Month						
5.	Sex	: Male / Female								
6.	Present Job	:								

7. Whether CCC + Exam Passed? Yes/ No

8. <u>Educational Qualification</u>:

Sr. No.	Examination	Year of Passing	Name of Institute	Total Marks	Obtain Marks	Percentage	Attempt	For O use (S	
1	FINAL MBBS							%	
1.								Atte	
								mpt	

9. Details of Experience:

Sr.	Exportonoo	Name of Institution	Dat	Dates		Period	For
No.	Experience	Name of institution	From	То	Yrs	Mths	Office
							use
							(Score)
Tota	Total Experience						

10. Details of Gujarat Medical Council Registration:

1. M	IBBS Registration	No:	Registration Date:
11.	Name of two referees. (W	h Phone No) 1	

2.

2. <u>Check List of Enclosures</u> (attested photocopies)

Sr. No.	Attested photocopies in following order	please tick ()	Sr. No.	Attested photocopies in following order	please tick ()
1.	FINAL MBBS Mark Sheet		4.	Caste Certificate	
2.	FINAL MBBS Attempt Certificate		5.	Non Creamy Layer Certificate (For SEBC Candidate applicable only to domicile of Gujarat)	
3.	MBBS Registration Certificate		6.	Birth Date Certificate / School Leaving Certificate.	

Undertaking

I declare that information stated above are true to the best of my knowledge. If above information is found to be false, I am bound to obey the decision of selection committee.

Place: Institute of Kidney Diseases and Research Centre, Ahmedabad

Date: - -2021.

Signature of applicant