



## CANCER INSTITUTE (WIA)

Applications are invited from the eligible candidates for the following Post (on Purely Contractual basis) under the CSIR ASPIRE project

<b>Number of post</b>	One
<b>Name of post</b>	Junior Research Fellow (JRF)
<b>Qualification</b>	<b>ESSENTIAL:</b> B.S. 4 years programme/BPharm/MBBS/Integrated BS-MS/MSc/BE/BTech or equivalent degree, with 55% marks and <b>passing of NET/GATE test is must.</b> <b>DESIRABLE:</b> 1. Candidates having hands-on experience in the area of molecular biology & NGS will be preferred 2. Ability to lead and work in a team 3. Up to 28 years (relaxation as per Govt. of India rules)
<b>Job description:</b>	i. Coordinate and assist in laboratory experiments involved in the project ii. Participate and contribute to project review meetings iii. Other relevant work assigned by the PI iv. Data collection and management
<b>Duration:</b>	Three years

**Closing date for applications:** Open until filled.

**Salary:** Will be based on post, experience, and Institute policy.

**Selection Procedure:** Desired applicants may submit their applications in the prescribed form (enclosed), duly filled in all respects along with their updated CV, all required supporting documents and certificates, duly self-attested, to the **email:** [cbmdciwia2024@gmail.com](mailto:cbmdciwia2024@gmail.com); CC: [recruit@cancerinstitutewia.org](mailto:recruit@cancerinstitutewia.org)

Please mention “**Application for the post of JRF CSIR ASPIRE**” in the subject line of email.



**After a short listing of applicants by the screening committee, the date and venue for the interview will be intimated through email.** Interview will be conducted to the eligible candidates after verification of the certificates. Applications received within the stipulated date, time and complete in all respects will only be screened by the screening committee of the project.

**General Terms and conditions: -**

1. Qualification/degree should be from a recognized Institution/University.
2. Mere fulfilling the essential qualification/ experience does not guarantee for selection.
3. Cut-off date for age limit will be as on the date of last date for submission of applications. Age relaxation will be as per the guidelines of ICMR.
4. Late / Delayed / Incomplete / Unsigned applications will not be considered and rejected straight away without any correspondence.
5. No TA/ DA will be paid either for attending the written test/interview or joining the post.
6. The project team reserves the right to terminate the project human resource even during the agreed contract period or extended contract period without assigning any reason.
7. Persons already in regular time scale service under any Government Department / Organizations are not eligible



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<Affix/Paste a latest STAMP size photograph>

## CI CANDIDATE EVALUTION FORM

### Instructions to the candidate

Please, go through this form thoroughly prior to furnishing information called for  
Sections 1 to 6 (To be filled up by the Applicant only) If any field is not applicable please do mention so.

### SECTION 1 - PERSONAL INFORMATION

Position for which interview is being held & Dept			
Source of Application / Reference		LinkedIn   CI Website   Ref _____ Others _____ / Campus _____	
Full Name (in Block Letters)			
Mobile		Mobile (2)	
Email ID (s)		Date of Birth <DD-MM-YY>	Age
Native Place		Place of Birth	
PAN		Blood Group	
Present Address		Permanent Address	
Pin code		Pin code	
Landline		Landline	
Emergency Contact			
Father's / Guardian's Name:		Occupation:	
Marital Status: Yes/No/Others	Married to	Date of Marriage	
Nationality	Indian / _____	Religion	

Passport No:		Valid From		To
No	Names of Parents, Wife, Children & Dependents	DOB DD/MM/YY	Relationship	Employment/Educational details, if any
1				
2				
3				
4				
5				
6				



## SECTION 2 - EDUCATIONAL QUALIFICATION

<Chronological order from SSLC, HSC, Deg/Dip/ PG, Doc Fellowship> (add more rows as applicable)

No.	Course (with Specialization)	College/School	University	Period of Course		%
				From <MM/YY>	To <MM/YY>	
1						
2						
3						
4						
5						
6						

Technical (or) Functional qualifications: (add more rows as applicable)

No.	Course & Duration	Certifying Authority	Regular / Part-time / Correspondence	Class / Division	Year of passing	Certificate verified by HR (or) Dept. Interview
1						
2						

Significant Trainings & Certifications if any: (add more rows as applicable)

No.	Course or Certification with Duration	Certifying Authority	Virtual or In-Person	Area/Subject
1				



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## SECTION 3 - PROFESSIONAL EXPERIENCE

Professional experience from the time of leaving the educational institution till now: *(add more rows as applicable)*

Sl. No.	Organization	Designation	Service			Last drawn pay (Rs)	Responsibilities	Reason for leaving
			From MM/YY	To MM/YY	Period Yrs.MM			
1								
2								
3								
4								

Total Years of Experience (in yrs/mm) \_\_\_\_\_

Period of Unemployment (or) Sabbaticals (or) Break if any		
From	To	Reason

## SECTION 4 - GENERAL INFORMATION

If you have any relatives working in Cancer Institute (WIA), give details		
<i>Relative Name:</i>	<i>Department:</i>	<i>Period of stay in CI:</i>
If you have any acquaintance who were/are getting treated in Cancer Institute (WIA), give details		

## SECTION 5 - CRITICAL TERMS OF EMPLOYMENT & PRE-REQUISITES

If selected, are you willing to sign a Service Contract?	
If selected, are you willing to pay a returnable caution deposit (equal to one month salary)?	
If selected, you will not be able to do a Private practice (Doctors & Paramedics)	



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### SECTION 6 - REFERENCE & BACKGROUND VERIFICATION

Persons mentioned should hold a responsible position and may include referees from previous employers. Should not be your relatives. HR Department will do a mandatory background verification on your Educational & Professional information provided above after your selection.

1. Name, Phone, Email-ID, Designation & Comp	2. Name, Phone, Email-ID, Designation & Comp

Have you suffered any major ailment/undergone surgery in the past? Furnish details, if any							
Differently Abled:	Beneficiary of any Schemes for the physically challenged:						
Select the category & mention if you are benefiting under any corresponding schemes	Immigrant	Ex-Army	ST	SC	MBC	BC	OC
Do you use Tobacco in any form?	Do you consume Alcohol?						

Current CTC / Month		Expected CTI/Month	
Current CTC / Year		Expected CTI/Year	
Time required to join, if selected:			

<b><i>For Nurses Only</i></b> : Are you looking for a Hostel accommodation	Yes		No
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I, \_\_\_\_\_, do hereby solemnly and sincerely affirm that the statements made and information furnished above and in my application form, as also in all the enclosures hereto submitted by me, are true and complete. Should it however be found that the information furnished therein is untrue in material particulars, I realize that I am liable to be removed from the rolls of the Institute at whatever stage of service I may be.

Place:

Date:

Signature of the Applicant