



NATIONAL INSTITUTE OF BIOLOGICALS

(An Autonomous Institute under the Ministry of Health & Family Welfare,
Government of India)

A-32, Sector- 62, NOIDA- 201307 (UP)

Phone: 91 120 2400022, 2400072, Fax: 91 120 240027, 2400074, 2403014

Ref: A.2-23/2007-NIB

The National Institute of Biologicals, an autonomous institute under the Ministry of Health & Family Welfare, Government of India, is a scientific regulatory body to ensure high quality & safe diagnostic, preventive and therapeutics biomedicine.

The following position is available for contractual appointment under External Quality Assessment Scheme (EQAS) under NACP of National Aids Control Organization (NACO).

TECHNICIAN (1-POST), REMUNERATION: Rs.8000/-PM(Consolidated),
Qualification & Experience: (i) B.Sc. Or DLMT with Two-Three years laboratory experience in Medical microbiology/immunological laboratory techniques. Candidate with DLMT degree and experience in immunological techniques will be preferred.

Job Responsibilities: To undertake technical laboratory work related to panel preparation and EQAS, assistance in maintenance of laboratory equipment implementation of SOPs for all lab. Techniques, implement guideline for Biosafety and Biomedical waste management, assist in timely procurement of laboratory equipment and consumables required for the laboratory, maintenance of laboratory records as per instructions of seniors, assists the laboratory for all laboratory related issues for carrying out the day-to-day work. These duties will be carried out by the candidate under the supervision of Officer/Laboratory in –charge.

Last Date: The last date of receipt of complete applications is 16-01-2012

**Administrative Officer
For Director**

APPLICATON FORMAT

Candidates should fill up application form in his / her own handwriting. All answer must be given in words and not by dashes and dots. No column should be left blank)

Space for
Photograph

1. Name of the Post applied for
2. Name of the applicant in Full (Mr/Ms./Mrs/)
(In block Capital letters)
3. Address:
 - a. Present _____

 STD Code ___ Phone No. _____ Mobile _____ e.mail ID _____
 - b. Permanent _____

4. Date of Birth (In Christian era)
5. Nationality
6. Sex Male() Female ()
7. Marital Status
8. Father's/Husband's Name
9. Are you member of SC/ST/OBC (Yes /No) SC() ST () OBC ()
Attached certificate in support of your claim issued by the Competent Authority.
10. Educational/Professional Qualification obtained (commencing with Matriculation or equivalent examination) attached attested copies of all certificates.

SN	Examn./Degree Passed	College// University	Subject Taken	Specialization If any	Year of passing	Class/ Division %age	Remarks

11. Professional Training

Name of the Training	Name of the Institute	Year of Passing

12. Experience

Name of the Employer/Organisation	Post Held	From	to	Nature of duties	Scale of pay and last salary drawn

13. Please state clearly in the light of above entries whether you met the requirements of the post (Yes/No)
14. Are you under any contractual obligation to serve the Central/State Government/Public Sector Undertaking/Autonomous Body? If so, please furnish full details.
15. Reference (Please give names and addresses of two persons who are residences of India and holders of responsible position and not relatives to whom a reference can be made regarding the applicant's professional competence, character and work. Where the candidate has been in employment, he/she should give his/her present or most recent employer or immediate superior as a reference or produce a testimonial from him /her).
16. If selected, what notice would you require for joining?
17. Any other information, the applicant may like to add.

Declaration:

I hereby declare that the information furnished and entries made in this form and the additional particulars, if any, furnished herewith by me are true to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed/distorted any material information, my appointment shall be liable for termination without notice or compensation.

Date:

Place:

(Signature of the Applicant)