

रिक्ति सूचना

अध्ययन शीर्षक: नए निदान किये गए संभावित/पॉजिटिव पल्मोनरी टीबी (पीटीबी) के रोगियों के स्वस्त्रह्वा घरेलु संपर्क वाले लोगों में तपेदिक रोग (टीबी) को रोकने में दो टीके विपिएम 1002 और इम्युवैक (एम्दुब्ल्यु) टीकों की प्रभावारिता और सुरक्षा का मूल्यांकन करने के लिए एक तीसरा चरण, याह्च्छी, डबल-ब्लाइंड, तीन शाखा का प्लेसिबो नियंत्रित परिक्षण (कैपेसिटी बिल्डिंग फेज)

क्रमांक	पद	योग्यता	वेतन	आयु सीमा
1	परामर्शदाता जूनियर मेडिकल ऑफिसर	एम.बी.बी.एस. मान्यता प्राप्त विश्वविद्यालय	INR 60,000/- प्रति माह	35 साल

इच्छुक उम्मीदवार 5:00 pm, 25 October 2019 तक संलग्न प्रारूप में

tbvaccine2018@gmail.com पर अपना रिज्यूमे मेल कर सकते हैं. यदि पद के नाम का उल्लेख नहीं है- आपको साक्षात्कार के लिए नहीं बुलाया जाएगा.


डॉ. अनंत मोहन

सह अन्वेषक

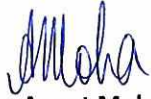
Dr. ANANT MOHAN 
MD, Ph.D., MAMS, FRCP (LONDON), FCCP (USA)
Professor & Head
Dept. of Pulmonary, Critical Care & Sleep Medicine
All India Institute of Medical Sciences
New Delhi - 110029

Vacancy Notice

Project title: A Phase III, Randomized, Double-blind, Three arm Placebo Controlled Trial to Evaluate the Efficacy and Safety of Two Vaccines VPM1002 and Immuvac (Mw) in Preventing Tuberculosis (TB) in Healthy Household Contacts of Newly Diagnosed Sputum Positive Pulmonary TB Patients (Capacity Building Phase)

S.No.	Post	Qualifications	Salary	Upper Age
1.	Consultant Junior Medical Officer	MBBS from a recognized university	INR 60,000/- per month	35 years

Interested candidate should fill the attached format and mail to tbvaccine2019@gmail.com by 5:00 pm on 25th October 2019 (Friday). If the name of the post is not mentioned-you will not be called for the interview.



Dr. Anant Mohan

Dr. ANANT MOHAN 
Co-Investigator
MD, PhD., MAMS, FRCP (LONDON), FCCP (USA)
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Application Format

Application for the post of _____

1. Name of the applicant (Block letters):
2. Father's name (Block letters):
3. Date of birth (with age in yrs):
4. Sex:
5. Nationality:
6. Marital Status:
7. Whether belong to reserve category (Yes/No) Category Detail:
8. Permanent address:
9. Correspondence address with contact no:
10. Educational qualification:

No.	Educational Qualification	Year of passing	University/Board	Max. Marks	Marks obtained	%age

11. Experience, if any:

No.	Name of the Employer	Designation	Duration		Total period
			From	To	
Total Experience					

Declaration:

I _____ hereby declare that the particulars furnished by me in the application form are true to the best of my knowledge and belief. In case any information is found to be incorrect, my candidature shall be liable to be rejected.

Date:

(Signature of the Applicant)