## ADVERTISEMENT FOR THE POST FOR Medical College VRDL,

## VP Chest Institute, University of Delhi

Applications are invited for filling up of temporary post of Multi-Tasking Staff for project "Establishment of Medical College Level Viral Research & Diagnostic Laboratory (VRDL) at V.P. Chest Institute, University of Delhi" under Principal Investigator Dr. Madhu Khanna in the Department of Microbiology (Virology Unit) as per below mentioned details:

| Designation            | No. of<br>Post | Qualific                        | ation                               | Emoluments<br>(Norms for Salary)<br>in Rs.              | Age<br>Limit |
|------------------------|----------------|---------------------------------|-------------------------------------|---|--------------|
| Multi-Tasking<br>Staff | 01             | <b>Essential Qualifications</b> | High School or<br>Equivalent        | 18,000/-<br>Consolidated/ As                            | 25 Year      |
|                        | D              | Desirable Qualification         | Work Experience in<br>Health Sector | per Minimum<br>Wages Act,<br>whichever is<br>beneficial |              |

Note: Age relaxation will be applicable as per rule

Nature of Employment: Contractual

Duration of Employment: Up-to March 2026 extendable, depending on the performance and budget

grant from funding agency.

Job Location: Medical College Level VRDL. Department of Microbiology, Virology Unit V.P. Chest

Institute, University of Delhi

For more detail kindly visit institute website: https://www.vpci.org.in/

## Terms and conditions

- 1. No TA/DA will be paid for attending the interview.
- 2. Candidates are required to complete the attached application form and send the form to Dr. Madhu Khanna in the Department of Microbiology (Virology Unit), 4<sup>th</sup> Floor, Multi-Story Building, Vallabhbhai Patel Chest Institute, University of Delhi, India. Please ensure that all submissions must be received on or before 5:00 PM on October 15, 2025. Applications received after this deadline will not be considered.
- 3. Any corrigendum/modification will be rosted on Institute website.

(Prof.Madhu Khanna) Principle Investigator

| 1.  | Name of VP CHE | the Proj | ect:- M  | EDIO |       |        |        | ELEV | 'EL V | RDL | , |  |  | Affix<br>Passport S<br>self- attes<br>colour<br>photogra<br>here. | te |
|-----|----------------|----------|----------|------|-------|--------|--------|------|-------|-----|---|--|--|---|----|
| 2.  | Name in        | block l  | etters:- |      |       |        |        |      |       |     |   |  |  |   |    |
|     |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
| -   |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
| L   |                |          |          | N    |       |        |        | 75   |       |     |   |  |  |   |    |
| 3.  | Father /       | Husban   | d 's Na  | me i | n blo | ck let | tters: | _    |       |     |   |  |  |   |    |
| Г   |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
|     |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
|     |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
| 4.  | Postal A       | ddress:  |          |      |       |        |        | I    |       |     |   |  |  |   |    |
|     |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
|     |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
|     |                |          |          |      |       | 3      | 1      |      |       |     |   |  |  |   |    |
| Sta | te:-           |          |          |      |       |        |        |      |       |     | T |  |  |   |    |
|     |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
| Pi  | n:-            |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
| Co  | ontact Nu      | mber: -  |          |      |       |        |        |      |       |     |   |  |  |   |    |
|     |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
|     |                |          |          |      |       |        |        |      |       |     | 4 |  |  |   |    |
|     |                |          |          |      |       |        |        |      |       |     |   |  |  |   |    |
| 5.  | E-mail I       | D:-      |          |      |       |        |        |      |       |     |   |  |  |   |    |

| . Permanent Address:                        |      |       |      |  |
|---|------|-------|------|--|
|   |      |       |      |  |
|   |      |       |      |  |
|   |      |       |      |  |
|   |      |       |      |  |
| tate: -                                     |      |       |      |  |
| in:-  |      |       |      |  |
|   |      |       |      |  |
| Contact Number: -                           |      |       |      |  |
|   |      |       |      |  |
| 7. Date of Birth with documentary evidence: | Date | Month | Year |  |
|   |      |       |      |  |
|   |      |       |      |  |
| 3. Category: UR/OBC/SC/ST                   |      |       |      |  |
| Gender: - Male Female                       |      |       |      |  |
|   |      |       |      |  |

## 10. Educational Qualification: -

| Name of the Examination | Subject/<br>Discipline/<br>Specialty | University /<br>Institute/<br>College | Year of<br>Passing final<br>examination | Marks<br>obtained | Percentage |
|-------------------------|--------------------------------------|---------------------------------------|---|-------------------|------------|
|                         |                                      |                                       |   |                   |            |
|                         |                                      |                                       |   |                   |            |
|                         |                                      |                                       |   |                   |            |
|                         |                                      |                                       |   |                   |            |
|                         |                                      |                                       |   |                   |            |

| 11. | Work Experience if a | iny: | - |
|-----|----------------------|------|---|
|     | Attach annexure      |      |   |

- 12. Publications if any (only PUBMED indexed journals): Attach annexure
- 13. If selected what period would you require for joining the post:

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein if found to be incorrect or false, then I shall be liable for action as per rules in force.

Name of Candidate: Signature of Candidate:

Date-