



GOVERNMENT OF WEST BENGAL
DEPT. OF HEALTH & FAMILY WELFARE
OFFICE OF THE DIRECTOR
IPGMER-SSKM ANNEX-I BANGUR INSTITUTE OF NEUROSCIENCE
CENTRE OF EXCELLENCE
52/1A, SAMBHUNATH PANDIT STREET, KOLKATA-700025

Memo no. 3872

Date: 25.07.2022

Notice for recruitment of JRF

Applications are invited for a walk-in interview for the post of a Junior Research Fellow in WB-DST sponsored project 'Study of polymorphisms in SCN1A and SCN2A genes in patients with Epilepsy in Eastern India'.

Number of post: One

Essential qualifications: Students with M.Sc./B Tech or equivalent in any branch of Life Science/*Biotechnology*.

Monthly fellowship: Rs. 25,000 per month
Three years (two years JRF and one year SRF), subject to satisfactory performance. Candidate with unsatisfactory performance would be terminated at one month prior notice.

Procedure of Application: Eligible Candidates should appear personally before the Selection Committee on 05.08.2022 at the Seminar Room, Dept of Neurology, BIN, IPGMER (Annex-1), Kolkata, at 12 noon, along with the following documents.

1. Filled in Application Form (given below)
2. Original ID Proof
3. Original Mark sheet and Certificates
4. A set of self-attested photocopies of all relevant documents must be tagged to the Application Form

[Handwritten signature]
25/07/22
Director
IPGME&R
Kolkata

[Handwritten signature]
PI, Dept. of Neurology,
IPGME&R and SSKM Annexe-I (BIN),
Kolkata

Copy to
1. Asst. Super N/M Mr. Alak Saha
for uploading to website

Dr. Alak Pandit
M.D (Medicine), D.M. (Neurology)
Professor : B.I.N, Dept of Neurology

APPLICATION FORM FOR WALK-IN INTERVIEW

Name of the Post : Junior Research Fellow

Study of polymorphisms in SCN1A and SCN2A genes in patients with Epilepsy in Eastern India

Name

Father's Name

Address for Communication



Mobile No: Email ID:

Permanent Address:

Date of Birth: Age in Years Gender:

ID Proof Document: I D Number

Marks obtained in M.Sc./B.Tech:

Marks Secured Max. Marks Percentage.....

Previous Experience (if any):

Declaration: *I do hereby declare that the information given is true to the best of my knowledge and belief. If at any point of time, any of the above information is found to be false, my appointment may be cancelled.*

Place: Date:

Full Signature: