

File.1/Sub-I(Part-II)/AGMC/ICMR/FBP/Micro/2020

Agartala Govt. Medical College Department of Microbiology Kunjaban, Agartala, Tripura-799006

Walk-in-interview

Dated: 28/01/25

Date: 05/02/2025

The Microbiology Department, Agartala Govt. Medical College, Agartala, requires the below mentioned staff on purely temporary basis for ICMR, Govt. of India project "Surveillance of foodborne disease pathogens (FBP) from North-east India'.

SI No.	Name of post with numbers	Minimum Qualification	Desirable	Emolument (per month)
1.	Project Technical Support- III (1 post)	Master's degree in MLT, Microbiology, Biotechnology and Life sciences or Post Graduate degree in professional course from a recognized university.	2 years Research work experience in relevant field.	Rs.30,800/- [28,000 + 2800 (10% HRA)] per month

Interested candidates may come for walk-in-interview along with original and photocopies of certificates and application form to appear the interview/ aptitude test on 05/02/25 at sharp 9.30 AM at the department of Microbiology, AGMC & GBP Hospital.

N.B.: No TA&DA will be given for attending the interview. No candidates will be entertained after the above mentioned time.

Dr. Tapan Majumdar

Professor, HOD & PI

Department of Microbiology

AGMC & GBP Hospital

(Dr. Tapan Majumdar)
Professor & HOD, PI, ICMR
Professor & HOD, PI, ICMR
Food Borne Pathogen Surveilland 2
Dept. of Microbiology, AGMG
Agartala, Tripura (W),

AGMC & GBP Hospital Agartala, Tripura <u>Application Form</u>

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1. Name of the post applied for:

Affix recent passport size colour photograph

2.	Name of the Candidate:
	(in block letter)

- Father's name: (in block letter)
- 4. Date of birth: (DD/MM/YYYY)
- 5. Gender:
- 6. Mailing address:
- 7. Mobile/ Landline No.:
- 8. Email Id:
- 9. Nationality:
- 10. Marital Status:
- 11. Particulars of all examination passed and degree and technical qualifications obtained

Name of examination passed	Year of passing	Board/ University	Subject	Marks obtained (%)
F - F - S - 3	100			
	Name of examination passed	Name of examination passing Year of passing	Name of examination passed Pear of passing Board/ University	Name of examination passed Year of passing University Subject Subject

14. Work experience : (Having with Experience certificate)

SL No.	Name of the employer	Period of service	Post held
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	Declaration
	hereby declare and affirm that all the details mentioned above
are true and correct to the best of n	ny knowledge and belief.
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Date:	
Place:	
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Signature of the candidate