ICMR-REGIONAL MEDICAL RESEARCH CENTRE
DEPARTMENT OF HEALTH RESEARCH
GOVT. OF INDIA
BHUBANESWAR-751023

No. RMRC/TRAINING/VBD/2020-21/ ***Dt: 03.12.2020***

ADVERTISEMENT FOR TRAINING PROGRAMME

Refresher training course on Vector Borne Diseases for MTS of all districts of Odisha through Skill Development programme.

Applications from eligible candidates are invited for the above training programme to be sent through email to **rmrcbrecruitment@gmail.com** on or before **24.12.2020 by 3.00 P.M**. The selected candidates will be informed by Email/whatsapp message. The online class will be starts from **06.01.2021.**

Eligibility: (10+2) Science with DMLT/MLT course/ (10+2+3) Science Graduate with biology. Preference will be given to experience people. (This course provides updated knowledge and technique to handle periphery label diagnosis of vector borne diseases)

Intake capacity: 20

Duration of the course: 21 days

Method of teaching: Online classes (due to COVID -19 situations).

Important Note:

- For any queries contact to- Dr. Prakash Kumar Sahoo, Scientist-C
  Email-id- shuvaprakash@gmail.com
  Mobile No-9583931077/9437078466

Syllabus: (Theory and practical)

1. Collection of Blood samples and hematological analysis

(Venous Blood collection, Thin film/Thick film preparation, DC, TLC, hemoglobin estimation, Serum/Plasma separation, storage of samples andDisposal of used materials)

2. Detection of Sickle Cell Hemoglobin, Thalassemia and G6PD deficiency

(Sickling Test, Turbidity Test, NESTROFT Method and DCIP method)

3. Vector borne diseases: Mode of transmission and methods of diagnosis

(Diseases: Malaria, Filarisis, Dengue, Chikungunya, Japanese Encephalitis.
Methods: Direct by blood film (Malaria, filariasis), ICT detection, Immunological technique by ELISA and molecular diagnosis)

Sd/-
Senior Administrative Officer
For Director

Affix a recent a color passport size photograph

ICMR-REGIONAL MEDICAL RESEARCH CENTRE
CHANDRASEKHARPUR, BHUBANESWAR-750123

A P P L I C A T I O N F O R M

Ref. Advt. No.	Date:	Post applied:
Name of the Programme:		
Name of the candidate:		
Father's Name/Husband's Name:		
Date of Birth:		Present age: (In completed years)
Phone No.	Email Id:	
Gender: Male ☐ Female ☐ Others ☐	Category: UR ☐ ST ☐ SC ☐ OBC ☐ PwD ☐ EWS ☐	
Marritial Status: Married ☐ Unmarried ☐		
Language Known: Oriya ☐ English ☐ Hindi ☐		
Religion:		
Present Address:		
Permanent Address:		

EDUCATIONAL QUALIFICATION

Exam passed		Year of passing	Grade / Div.	Subjects
10th / HSC				
+2 / SSC				
Graduation				
P. G				
Professional				

WORK EXPERIENCE						
Organisation	**Position held**	**Period**		**Duration in years**	**Salary drawn p.m.**	**Reasons for leaving**
		From	**To**			

Employment Exchange Registration No./ Year_____(if any)

Employment Exchange details:_____

If selected what period would you require to join the post: 1 week/ 15 days/ 1 month
_____(specify)

Have you ever been declared unfit by a Medical Board Yes/ No. If yes, give details
_____

UNDERTAKING

This is to certify that, the aforesaid information furnished by me is true and correct to the best of my knowledge and belief. I further undertake that in the event of any information is found to be incorrect or false, my candidature is liable for cancellation.

Date: **Signature of the candidate**
Place: