



INTEGRATED COUNSELLING & TESTING CENTRE

**DEPARTMENT OF MICROBIOLOGY
INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNIVERSITY
VARANASI - 221 005 (UP)**

DATE:- 31/05/18

MB/ICTC/IMS/BHU/2017-18/

Uttar Pradesh State AIDS Control Society sponsored contractual post of Counselor (Male) application form is invited on attached format with passport size photograph.

Counselor Male (ICTC)-One Post

Essential Qualification- Post Graduate degree/diploma in Psychology/Social work/Sociology/Anthropology/Human development/ Nursing; with a minimum of 1 year of experience after PG degree/diploma, of working in field counseling in health sector; preferably in HIV/AIDS.

OR

Graduate in Psychology/Social work/Sociology/Anthropology/Human development/Nursing; with a minimum of 3 years of experience after graduation, of working in field counseling in health sector; preferably in the field of HIV/AIDS.

In the case of those recruited from the community of people infected with or affected by HIV AIDS, the experience will be relaxed to a minimum of one year of experience in the field of HIV/AIDS.

Other Expertise required: Working knowledge of computers.

Maximum age limit-62 years

Remuneration-Rs. 13000/= per month

Uttar Pradesh State Aids Control Society Lucknow is responsible for appointment on contractual basis initially for a period of one year (Up to 31st March in a financial year), Further extension on the basis of requirement/performance of the candidate or continuation of the program . All things being equal SC/ST candidates will be preferred.

Kindly send your application with complete biodata, attested copies of degree certificates to,

Prof. S. Anupurba I/C SRL/ICTC, Department of Microbiology, IMS, BHU, Varanasi-221005, U.P., within 21 days of advertisement.

Sw M
(Prof. S. ANUPURBA)

INCHARGE

**Prof. S. Anupurba
Head & Incharge ICTC/B.R.I
Department of Microbiology
IMS, BHU, Varanasi**

7. Working Experience (From present to previous):-

| Designation | Name of Institute/ Organization | Nature of Work | Working Duration | | Name, designation and contract no. of Reporting officer |
|-------------|------------------------------------|----------------|------------------|----|---|
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(Attached appointment letters, Experience certificates, Salary certificates etc.)

9. Any other Information:

10. Enclosures attached:

Date:.....

Place:.....

Applicant's Signature