



श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम, तिरुवनन्तपुरम - 695 011, केरल, भारत
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
THIRUVANANTHAPURAM - 695 011, KERALA, INDIA

(एक राष्ट्रीय महत्व का संस्थान, विज्ञान और प्रौद्योगिकी विभाग, भारत सरकार)
(An Institution of National Importance, Department of Science and Technology, Government of India)
टेलीफोन नं./Telephone No.: 0471-2443152 फैक्स/Fax: 0471-2446433, 2550728
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REQUIRES

ADHOC CONSULTANT/ASSISTANT PROFESSOR (ADHOC) IN IMAGING SCIENCE & INTERVENTIONAL RADIOLOGY

1. Qualification & Experience : 1. Must have a medical qualification included in the Indian Medical Council Act 1956 & the Registration with the Central/State Medical Council.
2. Just after DM (In a subspecialty of Radiology and Imaging) in the case of 3 years DM course.
OR
Three years of teaching and/or research experience after MD in Radiodiagnosis.
2. No. of vacancy : UR-1
3. Nature/Period of employment : for a maximum period of 6 months (may be extended)
4. Monthly consolidated Remuneration : Rs.1,21,800/- + DA+ HRA
5. Age limit as on 31.12.2020 : 40 yrs

Interested candidates may submit the scanned copy of application in the prescribed format with self attested copies of certificates to prove their age, qualifications, experience etc by email to admin@sctimst.ac.in on or before **12.01.2021**. The applications will be screened and the eligible candidates will be informed the details of **Online Interview** through email / phone. Candidates should provide proper contact email ID and mobile number.

IN THE ABSENCE OF CANDIDATES WITH REQUISITE EXPERIENCE, MERITORIOUS CANDIDATES WITH REQUISITE QUALIFICATION BUT LESS EXPERIENCE MAY ALSO BE CONSIDERED AT A LESSER SALARY AS ADHOC CONSULTANT.

Sd/-
DIRECTOR

Advt.No.P&A.II/40/Adhoc(IS & IR)/SCTIMST/2021 dated 04.01.2021


Administrative Officer Gr.I

To
Notice Board (Hospital/AMC/BMT Wing), Website



RECRUITMENT REPORT FORM

(All fields must be filled by the candidate)

(Write Roll No.)

1. Post applied for :
2. Name of candidate (in capital letters) :
3. i. Notified Reservation Category (SC/ST/
OBC (NCL)/UR) to which you belong
ii. Specify Religion & Caste :
4. Gender (Male/Female/Others) :
5. Date of birth & Age :
6. Present address with pin code :

7. Permanent address with pin code :

8. Contact no. (Landline & Mobile) :
9. Email address :
10. Father's name, occupation & address :

11. If you belongs to PWD category (40%
or more), write type of disability :
12. i. Married or Single :
ii. If married, write name and address
of your spouse :
13. Physical Characteristics : Height : Weight :

(For Office Use Only)

| Certificate Verification Particulars | | Y/N | Remarks |
|--------------------------------------|--|--------------------------------|---------|
| Qualification & Experience | | | |
| Desirable: | Computer Operation | | |
| Caste Certificate produced | SC / ST / OBC / UR | | |
| Age Relaxation given | SC / ST / OBC / PWD / Ex-servicemen / Widow/ Divorced Women/ Others | | |
| Other Remarks (if any) | | | |
| Name of Verifying Officer | | Signature of Verifying Officer | |

14. Identification marks

- i.
- ii.

15. If you are a professional (Medical : graduate/Nurse/Pharmacist etc.), write Reg. No.

16. Date and the State in : which you are registered in the concerned council

17. If any of your relatives employed in this : Institute, indicate name(s), relationship, Designation.

18. Academic record (from matriculation onwards-including course attended)

| Sl. No | Name of examination passed | Name of Board/ University | Year of Entry | Year of leaving | Date of passing | Percentage of marks | Rank/ Class/ Division/ Grade |
|--------|----------------------------|---------------------------|---------------|-----------------|-----------------|---------------------|------------------------------|
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19. Previous Employment details

| Sl. No | Address of employer (Specify No. of beds if worked in a hospital) | Designation & Salary | Nature of work | Period of Experience | | | Reason for leaving |
|--------|---|----------------------|----------------|----------------------|--------------------|----------------|--------------------|
| | | | | From Date (DD/MM/YY) | To Date (DD/MM/YY) | Total in years | |
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20. If selected, approximate time required to join duty:

21. Name and address of two references:

- i.
- ii.

Declaration

I declare that the above furnished details are true and correct to the best of my knowledge and belief. I am aware that in the event of my furnishing any false information, the Institute reserves its right to terminate my service without notice.

Thiruvananthapuram

Date:

Signature of the candidate