



**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
THIRUVANANTHAPURAM – 695 011, INDIA.**

(An Institute of National Importance under Govt. of India)

Phone --- (91)0471---2524437 / 137/637 / 2443152

Email: projectcell@sctimst.ac.in Web site: www.sctimst.ac.in

**WALK-IN INTERVIEW FOR SELECTION TO THE POST OF
STAFF NURSE (TEMP) - COMPREHENSIVE STROKE CARE PROJECT #6072**

1. Qualification & Experience : 1. 'A' grade diploma in General Nursing and Midwifery with minimum **three** years experience in Clinical nursing, out of which **two** years in Neurology ICU/ Neurosurgery ICU
OR
2. 'A' grade diploma in General Nursing and diploma in Neuro Nursing with one year clinical experience .
OR
3. BSc Nursing with minimum two years experience in Neurology ICU / Neurosurgery ICU.
4. Should be a registered nurse and midwife with Registration certificate from Kerala Nursing & Midwives Council/ any recognized branch of Indian Nursing Council.
2. Qualification & Experience : 2 years working experience in Stroke ICU.
(Desirable)
3. Maximum age as on 28-02-2015 : 35 years
4. Number of vacancies : 10 + Panel valid for 2 years
5. Consolidated remuneration : ₹ 20,000/- PM
6. Tenure of appointment : Six months (may be extended)
7. Nature of appointment : Purely on contract
8. Time and date of interview : 10:00 AM on **07-04-2015**
9. Venue : **Mini Conference Hall, 3rd Floor, AMC Building**
Sree Chitra Tirunal Institute for Medical Sciences and Technology, Medical College Campus, Trivandrum-11
10. Reporting time : 8.00 AM

Interested and qualified candidates may report for the Walk-in Interview with bio-data, original certificates (with copies) to prove their age, qualification, experience etc., at the Ground floor of AMC Building, SCTIMST, Medical College P.O, Thiruvananthapuram-11. **Candidates must bring the attached interview report form duly filled.** (Can be downloaded from the Institute website). Candidates reporting after 8.15 AM will not be considered for selection.

Note : *Depending on the number of candidates, a written test will be conducted for initial screening and only qualified candidates will be called for interview. Marks obtained in the written test, if conducted, will not be counted for final ranking.*

Sd/-
DIRECTOR



SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
THIRUVANANTHAPURAM – 695011

INTERVIEW REPORT FORM
(All questions must be answered by the candidate)

- 1) Name (**in BLOCK LETTERS**) :
- 2) Post applied for : Staff Nurse (Temp) for Project.
- 3) Present address with **telephone & Mobile Nos.** :
- 4) Permanent address with telephone No. :
- 5) Father's name, occupation and address :
- 6) Sex :
- 7) Age & Date of birth :
- 8) Religion / Caste :
- 9) Married or single :
- 10) (a) Are you a member of the Schedule Caste?
If so, specify your caste. :
(b) Are you a member of the Schedule Tribe?
If so, specify your caste :
(c) If any of your relatives employed in this
institute, indicate name(s), relationship,
designation etc. :
- 11) If married give the name of your spouse & address :
- 12) Physical characteristics (i) Height :
(ii) Weight :
- 13) Identification marks
(i)
(ii)
- 14) Employment Exchange Reg. No. and Date :
- 15) If you are a medical graduate, note your Reg. No,
date and the state in which you are registered. :
- 15(a) e-mail ID :

Academic record (including courses attended)

(PTO)

| <i>Sl. No</i> | <i>Name of Examination</i> | <i>Name of Board/ University</i> | <i>Date of entry</i> | <i>Date of leaving</i> | <i>Year of passing</i> | <i>Rank/Class</i> |
|---------------|----------------------------|----------------------------------|----------------------|------------------------|------------------------|-------------------|
| 1. | SSLC | | | | | |
| 2. | PRE-DEGREE/+2 | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

16) Previous employment history

| <i>Sl. No</i> | <i>Name & Address of employer</i> | <i>Designation & Salary Nature of work with grade (Only Clinical Nursing)</i> | <i>Period</i> | | <i>Duration and Reason for leaving</i> |
|---------------|---------------------------------------|---|---------------|-----------|--|
| | | | <i>From</i> | <i>To</i> | |
| | | | | | |

18) If selected, approximate time required to join duty :

19) Name & 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