

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



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

Grams: CHITRAMET Phone: 0471-2524 437 / 2524 637 / 2443 152

Email: projectcell@sctimst.ac.in Website: www.sctimst.ac.in

**WALK-IN INTERVIEW FOR SELECTION TO THE POST OF
LAB TECHNICIAN (Temporary)**

for the Project “*Clinical Application of Cryopreserved Homograft Valves in Cardiovascular Surgery*” (# 5199)

1. Qualification : **i. BSc MLT or BSc + DMLT and
ii. 1 year experience preferably in a Microbiology Lab**
2. Age limit : 35 yrs as on 30.11.2012
3. Job Details : Media preparation for fungal, bacterial and viral culture and
packing of glassware, sterility checking of tissue pre and post
implantation, operation of cryopreservation unit
4. Number of Vacancies : One
5. Consolidated Pay : ₹ 14,000/- per month
6. Tenure of Appointment : One Year (extendable)
7. Nature of Appointment : ***On Contract basis***
8. Time & Date of Interview : **11 a.m. on Thursday, 20th December, 2012**
9. Venue : **Mini Conference Hall, 3rd Floor, AMC Building,
Sree Chitra Tirunal Institute for Medical Sciences and
Technology, Medical College Campus, Trivandrum.**
10. Reporting time : **10 a.m.**

Interested candidates may report for the *Walk-in Interview* at the **Project Cell**, 2nd floor AMC Building, SCTIMST, with the duly filled ***Interview Report Form*** (given below) and **certificates in original** in proof of qualification, experience and age.

DIRECTOR



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

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

Affix your recent
Passport-size
Photograph

Post Applied for		RECR # 23/12/5199
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1	Name (in CAPITALS)						
2	Sex		3	Age		Date of birth	

4. Academic Record

	Name of Examination	Name of Board/ University	Year of Passing	% of Marks & Class
1	10 th			
2	12 th			
3				
4				
5				
6				

5. Proficiency in Computer Applications (if any)

	Name of Application/ Programme	Formal Training	Self Study

6. Previous Employment History

Sl. No	Name & Address of employer	Designation & Salary	Nature of Work	Period	
				From	To

7	Father's name				
	Occupation				
	Address				
8	Religion		Caste		
9	a. Are you a member of a Schedule Caste ?			If YES, specify your caste.	
	b. Are you a member of a Schedule Tribe ?			If YES, specify your Tribe.	
	c. Is any of your relatives is employed in SCTIMST?			If YES, indicate name(s), designation & relationship	
10	Married or Single		11	If married, the name of spouse	
11	Physical characteristics	Height		cm	Weight
12	Identification marks	1.			
		2.			
13	Employment Exchange Registration No. and Date				
14	Present Contact Address				
		Email			
		Tel		Mob	
15	Permanent Address				
		Tel		Mob	

16	If selected, approximate time required to join duty	
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17. Name & address of two references		

DECLARATION

I affirm 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