

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)

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ई-मेल/E-mail: sct@sctimst.ac.in वेबसाइट/Website: www.sctimst.ac.in



## REQUIRES

### ADHOC CONSULTANT / ASSISTANT PROFESSOR (ADHOC) IN NEUROLOGY

1. Qualification & Experience : Just after DM\* – 3yr course  
OR  
1 year of teaching/research experience after DM\*– 2yr course.  
OR  
1 year of teaching/research experience after Direct DM\* course.  
\* or any equivalent qualification
2. Nature/Period of employment : for a maximum period of 6 months (may be extended)
3. No. of vacancy : UR-3
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](mailto: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/42/Adhoc. Cons(Neuro)/SCTIMST/2021 dated 04.01.2021

To

Notice Board (Hospital/AMCHSS/BMT Wing), Website.

  
Administrative Officer Gr.I



**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

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	

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**