



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

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



APPLICATIONS ARE INVITED FOR SELECTION TO THE POST OF RECEPTIONIST-CUM-TELEPHONE OPERATOR (TEMPORARY)

1. Qualification & Experience : (i) 50% marks in Degree from a recognized University.
(ii) Proficiency in English, Hindi and Malayalam
Desirable:- Diploma/Certificate course in front office management of duration not less than 6 months and proficiency in computer operation.
2. No. of vacancy : UR-5, OBC-1 (expected vacancy for 1 year)
3. Nature/Period of employment : Temporary – for a maximum period of 179 days.
4. Age limit as on 30.09.2020 : 30 yrs
5. Monthly Consolidated Remuneration : Rs. 22,300/-
6. Mode of selection : Written test /skill test.

Interested Candidates may submit their application in the prescribed format attached along with copies of SSLC, Degree Certificate, Final year mark list of Degree, Caste Certificate (*Non-Creamy Layer*) - for OBC candidates **issued by a Revenue Officer not below the rank of a Tahsildar**, any other relevant certificate / certificates as per this notification so as to reach 'The Administrative Officer, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Medical College, Trivandrum -695011' **on or before 20.10.2020**. The envelope should be superscribed as 'Application for the post of Receptionist-cum-Telephone Operator - Temporary'. **For more details please visit our website: www.sctimst.ac.in**

Incomplete application /applications without copies of relevant certificates will be summarily rejected.

Sd/-
DIRECTOR

Advt.No.P&A.II/23/Rec-Cum-Tele(T)/SCTIMST/2020 dtd 25.09.2020

To

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



श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम, तिरुवनन्तपुरम - 695 011, केरल, भारत
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RECRUITMENT REPORT FORM

(All fields must be filled by the candidate)

(Write Roll No.)

1. Post applied for : **RECEPTIONIST-CUM-TELEPHONE OPERATOR (Temporary)**
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: 50% marks in Degree | | | |
| Desirable: | Dip/Cert in Front Office Mgmt (6mnths) | | |
| | 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 |
|--------|-----------------------------------|---------------------------|---------------|-----------------|-----------------|---------------------|------------------------------|
| 1 | 10 th | | | | | | |
| 2 | Plus Two | | | | | | |
| 3 | Graduation: Subject | | | | | | |
| 4 | Post Graduation Subject (if any): | | | | | | |
| 5 | Others (if any) | | | | | | |
| | | | | | | | |
| | | | | | | | |

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