

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
SENIOR RESEARCH FELLOW(Medical)

for the Project “*Kerala Registry of Epilepsy and Pregnancy under Women’s Component Plan*” (# 5182)

1. Qualification : MBBS *with permanent registration.*
2. Job details :
 - Clinical Evaluation of Women with Epilepsy enrolled in the registry.
 - Clinical Evaluation of infants and children of Women with Epilepsy.
 - Clinical Record maintenance.
3. Age limit : 35 yrs as on 31.12.2012
4. Number of Vacancies : One
5. Consolidated Pay : ₹ 25,000/- per month
6. Tenure of Appointment : Six months (extendable)
7. Nature of Appointment : **On Contract**
8. Time & Date of Interview : **11 a.m. on Friday, 28 December 2012**
9. Venue : **Mini Conference Hall, 3rd Floor, AMC Building,**
Sree Chitra Tirunal Institute for Medical Sciences and Technology, Medical College Campus, Thiruvananthapuram
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

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	
12	Physical characteristics	Height		cm	Weight
13	Identification marks	1.			
		2.			
14	Employment Exchange Registration No. and Date				
15	Present Contact Address				
		Email			
		Tel		Mob	
16	Permanent Address				
		Tel		Mob	

17	If selected, approximate time required to join duty	
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18. 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