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

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(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 (TEMPORARY)

For a Project titled "Comprehensive Stroke care program" (P 6072) & Neuro Intervention Centre (P 6084)

1. Qualification & Experience (Essential)

: 1.' A' grade diploma in General Nursing and Midwifery OR

BSc Nursing

2. Minimum Two years clinical experience as staff nurse in Neurology/ Neuro Surgery Dept. **OR** Pass in Diploma in Neuro Nursing

3. Should be a registered nurse and midwife with Registration certificate from Kerala Nursing & Midwives Council or from any recognized branch of Indian Nursing Council.

Maximum age as on 30/04/2016: 35 years

3. Number of vacancies : To prepare a panel valid for 1 year

4. Consolidated remuneration : ₹ 20,000/- PM

5. Tenure of appointment : Six months (may be extended)

6. Nature of appointment : Purely on contract

7. Time and date of interview : 9.00 AM 28/04/2016

8. Venue : Mini Conference Hall, 3rd Floor, AMC Building

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Medical College Campus, Trivandrum-11

9. Reporting time : 08.00 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 8.30 AM will not be considered for selection.

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

R & P Cell/15/6072 & 6084/SCTIMST/2016 dated 15/04/2016 Notice Board: AMC/Hosp/BMT/Website



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 & Mo | bile Nos. | : | |
| | | | | |
| 4) | Permanent address with telephone No | | : | |
| | | | | |
| 5) | Father's name, occupation and address | S | : | |
| | | | | |
| 6) | Sex | | : | |
| 7) | Age & Date of birth | | : | |
| 8) | Religion / Caste | | : | |
| 9) | Married or single | | : | |
| 10) | (a) Are you a member of the Schedul If so, specify your caste. | le Caste? | | |
| | (b) Are you a member of the Schedu | le Tribe? | • | |
| | If so, specify your caste | | : | |
| | (c) If any of your relatives employed institute, indicate name(s), relatio | | | |
| | designation etc. | nisinp, | : | |
| 11) | If married give the name of your spou | use & address | : | |
| | | | | |
| 12) | Physical characteristics (i) Heigh | | : | |
| | (ii) Weigh | ıt | : | |
| 13) | Identification marks (i) | | | |
| | (ii) | | | |
| 14) | Employment Exchange Reg. No. and | Date | : | |
| 15) | If you are a medical graduate, note yo | | | |
| | date and the state in which you are re | gistered. | : | |

15(a) e-mail ID

16.) Academic record (including courses attended)

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

17) Previous employment history

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