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

INTERVENTION MANAGER (Temporary)

for the Project "Kerala Diabetes Prevention Program" (# 5237)

Postgraduate Degree in Public Health (MD Community Medicine/ MPH/ MSc Epidemiology).

• Those who have completed the course and awaiting award of

Degree, are also eligible to apply.

In the absence of candidates with above qualifications, those with PhD

in Social Sciences will be considered.

2. Age limit : 35 yrs as on 31.12.2012

3. Number of Vacancies : One

1. Qualification

4. Consolidated Pay : ₹ 35,000/- per month

5. Tenure of Appointment : One Year (extendable for three years)

6. Nature of Appointment : On Contract

7. Time & Date of Interview : 11 a.m. on Friday, 21 December 2012

Mini Conference Hall, 3rd Floor, AMC Building,

: Sree Chitra Tirunal Institute for Medical Sciences and Technology, 8. Venue

Medical College Campus, Thiruvananthapuram

9. 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

P&A/PC/(25/12)/SCTIMST/ 5237/ 2012 dtd. 05.12.2012_



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Affix your recent Passport–size

Photograph

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

INTERVIEW REPORT FORM

(All questions must be answered by the candidate)

Post Applied for	RECR # 25/12	

1	Name (i	n CAPITALS)				
2	Sex		3	Age	Date of birth	

4. Academic Record

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

5. Proficiency in Computer Applications

Name of Application/ Programme	Formal Training	Self Study

6. Previous Employment History

SI.	Name & Address of	Designation & Salary	Nature of Work	Period		
No	employer	Salary	Nature of Work	From	То	

	Father's name							
7	Occupation							
	Address							
8	Religion				Caste			
		a. Are you a member of a Schedule Caste?		ES, specify your	caste.			
9	b. Are you a memb	b. Are you a member of a Schedule Tribe?		If YES, specify your Tribe.				
	c. Is any of your rel			If YES, indicate name(s), designation & relationship				
10	Married or Single		11	If married, the	-	spouse		
11	Physical characteristics	Height	t		cm	Weig	ght	Kg
12	Identification	1.						
12	marks	2.						
13	Employment Excha Registration No. ar	ange nd Date						
14	Present Contact Address Email Tel				Mol	b		
15	Permanent Address				Mol	b		
16	If selected, approx	imate tir	me required	to join duty	7			
17. Name addres two refere	ss of							

<u>DECLARATION</u>
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.

Thiruvananthapuran	1
Date:	