# 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 / 2524637 / 2443152 Email: projectcell@sctimst.ac.in Web site: www.sctimst.ac.in

#### WALK- IN INTERVIEW

#### for selection to the Post of MEDICO SOCIAL WORKER

 ${\bf for}\;{\bf the}\;{\it Neuro}\;{\it Interventional}\;{\it Centre}$ 

Project # 6084

1. Qualification : i MSW

ii One year experience as Social Worker in a hospital setting

iii Experience in Computer Applications.

Desirable: Experience in Research

2. **Age limit** : Below 35 years as on 30.11.2012

3. No. of vacancies : One.

4. **Consolidated salary** : ₹ 13,000 per month

5. Tenure of Appointment : One Year (extendable)
6. Nature of Appointment : Temporary, on Contract

7. **Mode of Selection** : WALK-IN INTERVIEW

8. Time & Date of Interview: 11 a.m. Tuesday, 11<sup>th</sup> December, 2012

9. Reporting time : 10 a.m.

10. **Venue** : Mini Conference Hall, 3<sup>rd</sup> Floor, AMCHSS,

Sree Chitra Tirunal Institute for Medical Sciences and Technology,

Medical College Campus, Trivandrum.

<u>Note</u>: In the absence of candidates with the required experience, those having adequate qualification but lesser experience may be considered at a lesser salary.

Interested candidates may report for the *Walk in-interview* at the **Project Cell**, 2<sup>nd</sup> floor, AMC Building, SCTIMST with the duly filled *Interview Report Form* (given below) and certificates in original to prove their qualification, experience and age.

**DIRECTOR** 

P&A/PC/6084(18/12[R])SCTIMST/2012 dtd. 20.11.2012



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

## INTERVIEW REPORT FORM

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Pos	t Applied for						RECR #	#				
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1	Name (in CAPITALS)		Δ		Data af bis		DAY	MONTH		YEAR		
2	Sex	3	Age		Date of bir	in						
4.	Academic Record	ı						Tyr 6		0/ 614		
	Name of Examination	Nam	ne of Board	/ Universit	ty			Year of Passing		% of M & Class		
1	10 <sup>th</sup>											
2	12th											
3												
4												
5												
6												
5.	Proficiency in Computer A	pplica	ations									
	Name of Application/ Pro					Forr	mal Trainin	g	Self S	Study		
6.	Previous Employment His	torv										
SI.	Name & Address of	Decignation 9			Nature of Work		Period <i>From T</i>					
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	Father's name								
7	Occupation								
	Address								
8	Religion				Caste				
	a. Are you a member of a Schedule Caste?		If YI	If YES, specify your caste.					
9	b. Are you a memb		If YI	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, th	ne name of	spouse			
11	Physical characteristics	Height			cm	Weig	ght	Kg	
12	Identification	1.							
12	marks	2.							
13	Employment Exchange Registration No. and								
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14	Present Contact Address								
		Email							
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15	Permanent								
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16	If selected, app	roximate time	e requii	rea to join (	auty				
17. Name &									
addr	ess of								
two refer	ences								
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### **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: