



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 एवं 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

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## **REQUIRES**

### **ADMINISTRATIVE MEDICAL OFFICER (ON CONTRACT)**

1. Qualifications :
  - i) MBBS from a recognized University.
  - ii) Masters Degree in Hospital Administration from a recognized University.
  - iii) 3 years experience in Hospital Administration from a reputed hospital.

**OR**

  - i) MBBS from a recognized University.
  - ii) 6 years experience in Hospital Administration from a reputed hospital.
2. Nature/Period of employment : for a maximum period of one year (may be extended)
3. No. of vacancy : 1+ Panel.
4. Age limit as on 01.09.2021 : 45 yrs
5. Monthly Consolidated Remuneration : Rs.60,000/- per month

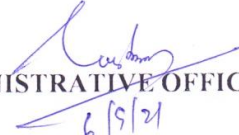
Interested candidates may submit the scanned copy of application in the prescribed format with self attested copies of certificates (preferably in PDF format) to prove their age, qualifications, experience etc., by email to [admin@sctimst.ac.in](mailto:admin@sctimst.ac.in). The email applications will be received **till 10.00 a.m on 13.09.2021**. The applications will be screened and the eligible candidates will be informed the details of **Online Interview** through email / phone. Candidates should provide proper contact email ID and mobile number.

Sd/-  
**DIRECTOR**

Advt. No.P&A.II/34/AMO (On Contract)/SCTIMST/2021 dated 06.09.2021

To

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

  
ADMINISTRATIVE OFFICER Gr I (r/c)  
6/9/21



**RECRUITMENT REPORT FORM**  
(All fields must be filled by the candidate)

(Write Roll No.)

1. Post applied for :
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 & Experience           |  |                                |         |
| Desirable:                           | Computer Operation   |                                |         |
| Caste Certificate produced           | SC / ST / OBC / UR   |                                |         |
| Age Relaxation given                 | SC / ST / OBC / PWD / Ex-servicemen<br>/ 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 |
|--------|----------------------------|---------------------------|---------------|-----------------|-----------------|---------------------|------------------------------|
|        |                            |                           |               |                 |                 |                     |                              |
|        |                            |                           |               |                 |                 |                     |                              |
|        |                            |                           |               |                 |                 |                     |                              |
|        |                            |                           |               |                 |                 |                     |                              |
|        |                            |                           |               |                 |                 |                     |                              |
|        |                            |                           |               |                 |                 |                     |                              |
|        |                            |                           |               |                 |                 |                     |                              |

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**