

Admin/Rec./ICMR/Contract/2016/AIIMS.RPR

Dated: 14-02-2017

ADVERTISEMENT FOR THE POST OF STAFF NURSE ON CONTRACT BASIS UNDER ICMR MULTICENTRIC NATIONAL TASK FORCE PROJECT ENTITLED "PREVALENCE AND EPIDEMIOLOGICAL STUDY OF HEARING IMPAIRMENT" IN AIIMS, RIAPUR.

Eligible candidates are invited to attend WALK-IN INTERVIEW on the following dates for various posts sanctioned under **ICMR Multicentric National Task force project entitled "Prevalence and Epidemiological study of Hearing Impairment"** for a tenure of 11(eleven) months on the February 2017. The essential qualifications, experience, consolidated salary are as given below:

Name of Post	Nurse
Project Name and Project ID	ICMR Multicentric National Task Force Project "Prevalence and Etiology of Hearing Impairment" (Central region)
Brief Description about the Project	Epidemiologic study of prevalence of hearing impairment in Central India
Resource Requirement:	one
Education:	Diploma in Nursing or Midwifery (GNM) or equivalent and registered as NURSE or ANM with any State Nursing Council.
Experience/Fresher	Minimum Experience: Fresher is acceptable but experienced candidates shall be preferred.
Key Skills	Medical and community work
Job Title	Nurse
Location	AIIMS, Raipur, CG
Proposed Salary	Rs.29, 607/- (Rupees twenty nine thousand six hundred and seven only)
Core Responsibilities	Medical care of participants
Specific Activities	Administration of medication, preparation of participants, counselling, monitoring etc.

Terms and conditions

- 1. These are tenure vacancies under funded project and are not employment on AIIMS Raipur pay roll. Employment will automatically terminate upon completion of the project and there is no liability for permanent employment on AIIMS, Raipur or principal investigator. Also the candidates have no right to claim permanent employment based on this job.
- 2. Selected candidates have to carry out extensive touring and collect data in field.
- 3. No TA/DA will be paid for attending the interview. Interested candidates may appear for walk-in interview. Candidates should bring duly filled application form (As per the prescribed Performa) and all original certificates of educational qualifications, experience certificate along with a photo and set of self attested photocopies at the time of interview.

Date and time of Walk in Interview:

Reporting Time:	: Between 10 AM to 11 AM
Date of Walk-in-Interview	: 28/02/2017

Venue: Gate No. 05, Committee Room, Medical College Building, All India Institute of Medical Sciences, Tatibandh, G.E Road, Raipur, Pin: 492099

For any queries write to: ntfraipur@gmail.com



Application Form for the post of Nurse ICMR Multicentric National Task force project entitled "Prevalence and Epidemiological study of Hearing Impairment" for a tenure of 11(eleven) months in AIIMS Raipur

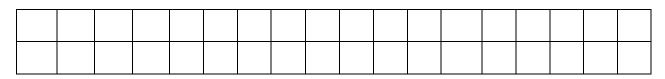
	Affix Passport
1. Name of the post applied for :	Size self-
	attested
	colour
O Name of the Duriest	photograph
2. Name of the Project :	here.

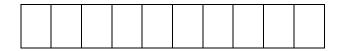
3. Name in block letters :-

4. Father / Husband's Name in block letters:-

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5. Guardian Name and Phone Number :-





6. Postal Address:

State :-														
Pin :-														
Contact	Numbe	r:-												
7. E-mai	1 ID :-						 	 		 			-	
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10. Cate	egory:	UF	R/OE	BC/S	C/S	Т						I		

11. Gender :- Male Female

12. Educational Qualification:-

Name of the	Subject/	University/	Date of	Month &	Marks	Percentag
Examination	Discipline/	Institute/	completion	Year of	obtained	e
	Speciality	College	of course	Passing final		
				examination		

13. Work Experience:-

Sr.	Per	iod	Post held and scale of	Name of the employer	Reason for
No.	From	То	pay	1 5	leaving
1					
2					
3					
4					
5					

14. If selected what period would you require for joining the post:_____

15. Have you ever been declared unfit by a medical board/court_____ Yes/No_____ for appointment in any government Servie? If yes, details______

Declaration

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Date :		 -	
Place :-		 -	
Name of Candidate	:-		
Signature of Candidate	:-		