



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

(An Institute of National Importance under Govt. of India)
Phone --- (91)0471---2524437 /137/637 / 2443152
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**WALK-IN INTERVIEW FOR SELECTION TO THE POST OF
STAFF NURSE (TEMPORARY)**

For a Project entitled "Funding for Human Resources under National Health Mission for augmenting Pediatric Cardiac Surgery Services (CHICU) in SCTIMST" P-5335

1. Qualification & Experience
(Essential) : (1) BSc Nursing **OR** 'A' grade diploma in General Nursing and Midwifery with minimum one years experience Cardiology ICU Or Cardiac Surgery ICU
(2) Should be a registered nurse and midwife with Registration certificate from Kerala Nursing & Midwives Council/ any recognized branch of Indian Nursing Council.
2. Qualification & Experience
(Desirable) : Minimum one year working experience in pediatric Cardiology/surgery ICU
3. Age Limit as on 30/09/2017 : **35** Years
4. Number of vacancies : **15 (FIFTEEN)**
5. Consolidated Remuneration : **₹ 15,300 PM**
6. Tenure of appointment : One Year (Extendable) or till completion of the project, whichever is earlier.
7. Brief Job Description : Clinical services in Pediatric Cardiac Surgery ICU (CHICU)
8. Nature of appointment : Temporary (Purely on contract basis)
9. Time and date of written test/Interview : **10.00 AM on 02/09/2017**
10. Venue : **Mini Conference Hall, 3rd Floor, AMC Building**
Sree Chitra Tirunal Institute for Medical Sciences and Technology, Medical College Campus, Trivandrum-11
11. Reporting Time : 8.30 AM

Interested and qualified candidates may report for the Walk-in Interview with bio-data, original certificates and copies to prove their age, qualification, experience etc., at the Ground floor of AMC Building, SCTIMST, Medical College P.O, Thiruvananthapuram-11.

Note:

(1) Depending on the number of candidates, a written test of a qualifying nature 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.

(2) Remuneration is fixed as per NRHM approval and further revision is subject to NRHM norms.

Sd/-
DIRECTOR



**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 :
- 3) Present address with **telephone No.** :
- 4) Permanent address with telephone No. :
- 5) Father's name, occupation and address :
- 6) Sex :
- 7) Age & Date of birth :
- 8) Religion / Caste :
- 9) Married or single :
- 10) (a) Are you a member of the Schedule Caste?
If so, specify your caste. :
(b) Are you a member of the Schedule Tribe?
If so, specify your caste :
(c) If any of your relatives employed in this
institute, indicate name(s), relationship,
designation etc. :
- 11) If married give the name of your spouse & address :
- 12) Physical characteristics (i) Height :
(ii) Weight :
- 13) Identification marks
(i)
(ii)
- 14) Employment Exchange Reg. No. and Date :
- 15) If you are a medical graduate, note your Reg. No,
date and the state in which you are registered. :
- 15(a) e-mail ID :

16) Academic record (including course attended)

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

17) Previous employment history

| <i>Sl. No</i> | <i>Name & Address of employer</i> | <i>Designation & Salary Nature of work with grade</i> | <i>Period</i> | | <i>Reason for leaving</i> |
|---------------|---------------------------------------|---|---------------|-----------|---------------------------|
| | | | <i>From</i> | <i>To</i> | |
| | | | | | |

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.

Trivandrum

Date :

Signature of the candidate