



**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
MEDICAL RECORDS ASSISTANT (Temporary)**

for the Project “*Computerization of Medical Records Department*” (# 6076)

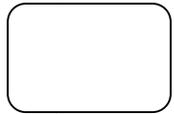
1. Qualification : **i. Degree in any discipline and
ii. Diploma/ Degree in *Medical Records Science***
2. Experience (Desirable) : One year experience in the Medical Records Department of a minimum 200-bedded hospital after MRS Degree/ Diploma
3. Age limit : 35 yrs as on 30.11.2012
4. Job Details : Screening and Preparing the Medical Records for Scanning and Digitizing purpose.
5. Number of Vacancies : Two + Panel
6. Remuneration : Piece-rate @ ₹ 6 per Medical Record
7. Tenure of Appointment : One Year (extendable)
8. Nature of Appointment : ***Piece-rate Contract***
9. Time & Date of Interview : **11 a.m. on Friday, 07th December, 2012**
10. Venue : **Mini Conference Hall, 3rd Floor, AMC Building,**
Sree Chitra Tirunal Institute for Medical Sciences and Technology, Medical College Campus, Trivandrum.
11. 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



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



Affix your recent
Passport-size
Photograph

INTERVIEW REPORT FORM
(All questions must be answered by the candidate)

Post Applied for		RECR #
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1	Name (in CAPITALS)								
2	Sex		3	Age		Date of birth	DAY	MONTH	YEAR

4. Academic Record

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

5. Proficiency in Computer Applications

	Name of Application/ Programme	Formal Training	Self Study

6. Previous Employment History

Sl. No	Name & Address of employer	Designation & Salary	Nature of Work	Period	
				From	To

7	Father's name				
	Occupation				
	Address				
8	Religion		Caste		
9	a. Are you a member of a Schedule Caste?			If YES, specify your caste.	
	b. Are you a member of a Schedule Tribe?			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, the name of spouse	
11	Physical characteristics	Height	cm	Weight	Kg
12	Identification marks	1.			
		2.			
13	Employment Exchange Registration No. and Date				
14	Present Contact Address				
		Email			
		Tel		Mob	
15	Permanent Address				
		Tel		Mob	

16	If selected, approximate time required to join duty	
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17. Name & address of two references		

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 :

Signature of the Candidate