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

(An Institute of National Importance under Govt. of India)
Grams ---- Chitramet Phone --- (91)0471---2524437 / 2524637 / 2443152
Email: projectcell@sctimst.ac.in Web site: www.sctimst.ac.in

WALK- IN INTERVIEW for selection to the Post of PROJECT FELLOW

for the Project "Image processing for improving diagnostic accuracy in gliomas by Magnetic Resonance Imaging (MRI) and histopathology" Project # 5261 funded by KSCSTE, Govt. of Kerala, TVM

1. Qualification : B Tech

Desirable: Experience in Image Processing

2. **Age limit** : Below 35 years as on 31.12.2012

3. **No. of vacancies** : One.

4. **Consolidated salary** : ₹ 10,000 per month

5. **Tenure of Appointment** : One Year (extendable for maximum one more year)

6. **Nature of Appointment** : Temporary, on Contract

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

8. Time & Date of Interview : 11 a.m. on Thursday, 10th January, 2013

9. Reporting time : 10 a.m.

10. **Venue** : Mini Conference Hall, 3rd Floor, AMCHSS, Sree Chitra

Tirunal Institute for Medical Sciences and Technology,

Medical College Campus, Thiruvananthapuram.

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 in website) and certificates in original to prove their qualification, experience and age.

DIRECTOR

P&A/PC/5261(24/12)SCTIMST/2012 dtd. 11.12.2012_



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

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Name	of the Pos	st										
1.	Name (in	CA	PITALS)									
2.	Sex			3.	Age		4.	Date of birth				
5. A c	ademic re	cord	d (including	cours	e attende	ed)						
	Name of Examination		Name of Board/ University			Year of Passing			of Marks Class			
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6. Pi		_	yment Hist		Doci	anation 9.					Perio	nd
No	Name & Address of employer		Desi	Designation & Nature of Work Salary		Fron			То			
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	Father's name							
7	Occupation							
	Address							
8	Religion		Caste	-				
9	Are you a member Schedule Caste?	per of a	If YES, specify your					
	Are you a memb	per of a	caste. If YES, specify your					
	Schedule Tribe?		Tribe. If YES, indicate name(s),					
	Is any of your rel employed in SCTIN		designation & relationship					
10	Married or Single		11 If married, the name of spouse					
12	Physical characteristics	Height	cm Weight	Kg				
13	Identification	1.						
13	marks	2.						
14	Employment Excha Registration No. an	ange ad Date	nge d Date					
15	Present Contact Address							
		Email						
		Tel	Mob					
1/	Permanent							
16	Address							
		Tel	Mob					
17	17 If selected, approximate time required to join duty							
18.								
Name & address of								
							two refer	ences

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.

Date: