



Department of Medical Oncology
Sheri Kashmir Institute of Medical Sciences, Srinagar

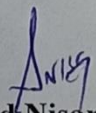
Walk-In-Interview

A walk-in interview will be held on **02 July 2024 at 12:00 (Noon)** onwards for the below-mentioned post for a period of one year in the ICMR-funded project under National Health Research Priority entitled “**Designing and Implementation of health care model in patients with Stage-2 Breast Cancer**”. Candidates should bring applications as per the attached format with self-attested copies of certificates/documents and shall reach the office of the **Dean Medical Faculty SKIMS**.

Name of the Post	No. of Posts	Qualification required	Remuneration
Research Scientist-I (Medical)	01	MBBS/BDS from a recognised university Desirable: Candidate with research experience in relevant field will be preferred. Age criteria: As per ICMR guidelines	As per ICMR guidelines

The terms and conditions for the post are as follows: -

1. The post will be filled up purely on a temporary basis.
2. The appointment can be terminated with one month's notice from either side without assigning any reason.
3. Since the post is purely temporary, the candidate selected will have no claim for regular appointments under the above project or continuation of his/her services in any other project. Also, the candidate cannot claim for any regular appointment at this Institute after the termination of the project.
4. No TA/DA etc. will be given to attend the interview or joining of post and the candidate should make his/her own arrangement to stay for the interview and join the post.
5. Qualification and experience should be from any Govt. recognized organization.
6. Mere fulfilling the essential qualification does not guarantee for the interview call and selection.


Dr Syed Nisar Ahmad
Principal Investigator
Department of Medical Oncology
SKIMS Srinagar
Associate Professor
Deptt. of Medical Oncology
SKIMS Soura

Copy to:

1. Dean Medical Faculty, SKIMS
2. Assistant Engineer (Network and maintenance) SKIMS for uploading on SKIMS Website

No: SIMS /149 00 01 /2024 -

Dated: 24-06-2024



Government of Jammu & Kashmir
Sher-i-Kashmir Institute of Medical Sciences Srinagar
Department of Medical Oncology

APPLICATION FORM FOR ICMR FUNDED PROJECT

“Designing and Implementation of health care model in patients with stage-2 breast cancer”

APPLICATION FOR THE POST OF: _____

Recent Passport
Size Photograph

Self Attested

Advt. Notification No. _____ Dated _____

(To be filled in by the candidate in BLOCK LETTERS)

01. Name: _____

02. Father's/Husband's/Guardian's Name: _____

03. Permanent Home Address: _____

_____ PIN code _____

04. Address for Correspondence _____

_____ Pin code _____

05. D.O.B: _____ Age as on 01.02.2023 Years _____ Months _____ Days _____

06. Gender: Male () Female () Marital Status: Married () Unmarried ()

07. Whether presently employed /working in any project (give details if yes) or not _____

08. Contact No.: Mobile: _____, Alternate Number _____

E-Mail ID: _____

09. Academic Qualification:

10th/ 10+2 / Diploma/ Graduation/Post-Graduation

S.No	course	Name of University/college	Year of passing	No. of Attempts	Marks obtained	Max Marks	%age of marks

PG/Degree/diploma:-

S No	Subject	Name of University	Title of thesis	Year of passing	No. of Attempts	Marks obtained	Max Marks	%age of marks

Experience:-

S. No	Name of Institution	From	To	Total period

Publications:-

Declaration by the candidate:

I hereby declare that:

- (a) The statements made, information furnished in this application form and the enclosure submitted by me are true and correct;
- b) I have not concealed any information and in the event of any of the particulars/information given herein above is found incorrect or false, my candidature for the Interview/entrance examination may be cancelled.
- c) In the event any wrong statement/discrepancy is found at the time of admission or at later stage, my admission/selection may be cancelled.

Signature of the Candidate

Date:

Declaration by the Father/Husband/Guardian;

I have fully read the information furnished by my son/daughter/wife and affirm that it is correct and true to the best of my knowledge. In case the information furnished above is found incorrect P.I shall be at liberty to initiate legal proceedings against him/her. And terminate her appointment from the said project

Sig. of the Candidate's

Father/Husband/Guardian

Date:

Enclosures to be submitted along with this form: (Self attested copies of the following certificates).

Tick mark in the box for the enclosed certificate.

1. () MBBS Degree certificate 2. () MD / DNB/ PhD Degree Certificate/Diploma
3. () Date of Birth Certificate 4. () Marks cards of 10th/12th/BA/BSc//MS/ MBBS/MD
5. () State Subject Certificate 6. () Experience Certificate 7. () MSc degree/ Phd degree Certificate