



**Advt. No. 6 /2021**

Online Interview through **Skype** for filling up the following post on locum basis (purely temporary) in DAE Hospital, Kalpakkam/Anupuram will be held as detailed below:-

1.

Name of Post	General Duty Medical Officer/Casualty Medical Officer in the grade of SO/C (M)
No. of Post	Eleven (11)
Educational Qualification	M.B.B.S. Degree from a recognized University with one year experience Plus registration with Medical Council of India
Consolidated Monthly Pay	Rs.92905- (Plus 5049/- as House Rent Allowance if applicable)
Age limit	Not to exceed 50 years as on date of Interview
Note: Mandatory Internship period will not be counted as experience. Candidates with institutional experience will be preferred.	
Date of Interview	01.12.2021 (Wednesday)

2.

Name of Post	SA/B (Radiology)
No. of Post	01(One)
Educational Qualification	B.Sc + 1 year Diploma in Radiography or B.SC. (Radiography) - Min 60% in B.Sc (Radiography) / Min.50% in B.SC (for diploma holders)
Consolidated Monthly Pay	Rs.48732/- (Plus 3186/- as House Rent Allowance if applicable)
Age limit	Not to exceed 50 years as on date of Interview
Date of Interview	03.12.2021( Friday)

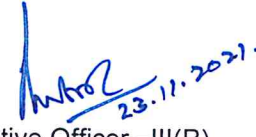
3.

Name of Post	Pharmacist/B
No. of Post	01(One)
Educational Qualification	HSC.(10+2) + 2 years Diploma in Pharmacy + 6 months training in Pharmacy + Registration as a Pharmacist with Central and State Pharmacy council.
Consolidated Monthly Pay	Rs.40610/- (Plus 2628/- as House Rent Allowance if applicable)
Age limit	Not to exceed 50 years as on date of Interview
Date of Interview	03.12.2021 (Friday)

**General Conditions:**

- (a) Selection for the above post are purely on temporary basis. The maximum period of appointment will be six months. However, such locum appointment shall not exceed 89 days at a time.
- (b) Selected candidates will be provided Hostel Accommodation on their taking up of the appointment, on payment basis if required. They will be entitled for House Rent Allowance (HRA) if own arrangement for accommodation is made.
- (c) Interested candidates may forward enclosed Application in the prescribed form(word format) along with self attested Xerox copies of date of birth, educational qualification in a single PDF file through email: [recruitgso@gmail.com](mailto:recruitgso@gmail.com) latest by **27.11.2021 at 2400 hrs.**
- (d) Please enclose all the certificates and mark sheets ( year wise) of educational qualification in a single PDF file.
- (e) In case a University gives grades/CGPA, CGPA equivalent percentage approved by the University may be provided.
- (f) Details of screened-in candidates shall be displayed in GSO website [www.igcar.gov.in/gso](http://www.igcar.gov.in/gso) and shall be intimated via their respective email IDs
- (g) Incomplete application and application without relevant proof of experience/qualification, year wise marks sheet etc. shall be summarily rejected.
- (h) If the number of applications received are more, GSO reserves the right to restrict the number of candidates based on the percentage of marks obtained and their clinical experience.

Application in the prescribed proforma may be downloaded from website [www.igcar.gov.in/gso](http://www.igcar.gov.in/gso)

  
23.11.2021  
Administrative Officer –III(R)

All Notice Boards of DAE Units at Kalpakkam.

**APPLICATION FOR THE POST OF GENERAL DUTY MEDICAL OFFICER/ CASUALTY MEDICAL OFFICER ON LOCUM BASIS IN DAE HOSPITAL, KALPAKKAM/ANUPURAM DISPENSARY AGAINST ADVT. NO. /2021**

1. Name of the applicant in full (in Capital Letters) :
2. Name of the Father/Husband :
3. Date of birth and age as on date of interview :
4. Gender : Male/Female
5. Marital Status : Married/Unmarried
6. Present Address for Correspondence :

**Affix  
recent  
Photo**

**a)E mail Id**

b)Mobile No./Alternate Mobile Number :

c)Telephone No.(if available) :

d)Skype ID :

7. Educational Qualifications from SSC onwards :

Sl. No.	Qualification	Passing Year	University/Board	No. of attempts	% of marks obtained (aggregate)
1.	SSC				
2.	HSC				
3.					

8. Are you under any contractual obligation to serve Central/State Government or any other public authority. :

9. Details of Experience (List most recent employment first) :

Post held		Period		Name & Address of the Employer	Reasons for leaving
		From	To		

10. Any other information:

**DECLARATION**

I hereby declare that the details given above are correct to the best of my knowledge and belief. In case any information given above is found to be false, action as deemed fit may be taken by GSO. I know that insufficient proof of documents will liable for rejection of my application.

Date:

Signature of the candidate

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<b>CHECK LIST FOR THE CANDIDATES</b>		
<b><i>Documents to be attached</i></b>	<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>
APPLICATION IN THE PRESCRIBED FORMAT		
PROOF OF AGE		
MARK LIST OF SSC		
MARKLIST OF HSC		
MBBS(YEAR WISE)		
(IF CGPA GRADE, EQUIVALENT % APPROVED BY UNIVERSITY)		
MBBS DEGREE CERTIFICATE		
MEDICAL COUNCIL REGISTRATION CERTIFICATE		
EXPERIENCE CERTIFICATE		

**APPLICATION FOR THE POST OF PHARMACIST/B ON LOCUM BASIS IN DAE HOSPITAL,  
KALPAKKAM/ANUPURAM DISPENSARY AGAINST ADVT. NO. /2021**

1. Name of the applicant in full (in Capital Letters) :
2. Name of the Father/Husband :
3. Date of birth and age as on date of interview :
4. Gender : Male/Female
5. Marital Status : Married/Unmarried
6. Present Address for Correspondence :
- (i) Mobile No./Alternate Mobile Number :
- (ii) Landline No.(if available) :
- (iii) E-mail id :
- (iv) Skype Id :
7. Educational Qualifications from SSC onwards :

<b>Affix recent Photo</b>
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Sl. No.	Qualification	Passing Year	University/Board	% of marks obtained	Maximum marks	Marks obtained
1.	SSC					
2.	HSC					
3.						

8 Are you under any contractual obligation to :  
Serve Central/State Government or any other  
public authority.

9. Details of Experience (list most recent employment first)

Post held	Duration	Period		Name & Address of the Employer	Reasons for leaving
		From	To		

10 .Any other information:

### DECLARATION

I hereby declare that the details given above are correct to the best of my knowledge and belief. In case any information given above is found to be false, action as deemed fit may be taken by GSO. I know that insufficient proof of documents will liable for rejection of my application.

Date:

Signature of the candidate

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<b>CHECK LIST FOR THE CANDIDATES</b>		
<i>Documents to be attached</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
APPLICATION IN THE PRESCRIBED FORMAT		
PROOF OF AGE		
MARK LIST OF 10 <sup>TH</sup> , 12 <sup>TH</sup> AND DIPLOMA IN PHARMACY  (IF CGPA GRADE, EQUIVALENCE APPROVED BY UNIVERSITY)		
TRAINING CERTIFICATE		
PHARMACY COUNCIL REGISTRATION CERTIFICATE		
EXPERIENCE CERTIFICATE		

**APPLICATION FOR THE POST OF SCIENTIFIC ASSISTANT/B ( RADIOGRAPHY) ON LOCUM BASIS IN DAE HOSPITAL, KALPAKKAM/ANUPURAM DISPENSARY AGAINST ADVT. NO. /2021**

- 01 Name of the applicant in full (in Capital Letters) :
- 02 Name of the Father/Husband :
- 03 Date of birth and age as on date of interview :
- 04 Gender : Male/Female
- 05 Marital Status : Married/Unmarried
- 06 Present Address for Correspondence :
- (i) Mobile No./Alternate Mobile Number :
- (ii) Landline No.(if available) :
- (iii) E-mail id :
- (iv) Skype Id :

**Affix  
recent  
Photo**

07 Educational Qualifications from SSC onwards :

Sl. No.	Qualification	Passing Year	University/Board	% of marks obtained	Maximum marks	Marks obtained
1.	SSC					
2.	HSC					
3.						

8 Are you under any contractual obligation to :  
Serve Central/State Government or any other public authority.

9 Details of Experience (list most recent employment first)

Post held	Duration	Period		Name & Address of the Employer	Reasons for leaving
		From	To		

10 .Any other information:

## DECLARATION

I hereby declare that the details given above are correct to the best of my knowledge and belief. In case any information given above is found to be false, action as deemed fit may be taken by GSO. I know that insufficient proof of documents will liable for rejection of my application.

Date:

Signature of the candidate

<b>CHECK LIST FOR THE CANDIDATES</b>		
<b><i>Documents to be attached</i></b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
APPLICATION IN THE PRESCRIBED FORMAT		
PROOF OF AGE		
MARK LIST OF 10 <sup>TH</sup> , 12 <sup>TH</sup>  (IF CGPA GRADE, EQUIVALENCE APPROVED BY UNIVERSITY)		
1 Year Diploma Certificate in Radiography		
BSc Radiography		
EXPERIENCE CERTIFICATE		