

20.12.2013

Advertisement

Applications are invited from suitably qualified and experienced candidates in the prescribed format (to be copied on a plain paper) for the temporary post(s) mentioned below in the **NIMS- Smile Train Cleft Project** titled: **Clinical Research Associate**.

Name of the Post	No.of post	Tenure of the post	Salary per month Rs (Consolidated)	Requirement of i. Qualification ii. Age limit and iii. experience (as per guidelines)
Clinical Research Associate	1	2yrs	20000/-	i. Post Graduate in any Discipline ii. Minimum 2yrs of Exp. working in a Teaching Hospital iii. Preferably with Experience in Cleft Lip & Palate Nostril Splint Making. iv. Age Below 32yrs

1. Applicants should note that the appointments to be made are purely temporary and there is no right for claiming for any regular appointment in NIMS.
2. In case the services of a particular post are required only for a part of a day daily, the salary payable will also be proportionately adjusted and explained at the time of interview.
3. No TA / DA will be paid for attending the interview or for joining the post.
4. The application should be submitted in the enclosed format (by copying on a plain paper) and must be accompanied by attested copies of certificates in support of all information furnished in the application.
5. Last Date for receipt of filled in applications: 1 week
6. Date, Time and place of interview: 28/12/2013 10.00 AM
(short listed candidates will be informed)
7. Address to which the application should be sent: DEAN office NIMS.

Signature of Principal Investigator/Project Director

FORM-B

FORMAT OF APPLICATION

1. Application for the post of
2. Name of the candidate in full:
(in capital letters)
3. Date of Birth :
4. Nationality :
5. Address for communication :
6. Permanent address :

7. Educational qualifications :

Sl No.	Name of the exam. Passed	Name of the Institution / Board/University	Month and year of exam. Passed	Marks secured	% of marks secured	Class/ division declared
1	2	3	4	5	6	7

8. Have you passed "NET"/CSIR ? :
If 'yes', please indicate
(i) Name of the exam. Passed :
(ii) Date of passing exam. :

9. Previous experience :
(Furnish name of the post / fellowship, period worked, name of the organization / institution etc.)

10. Present position. :

11. Any other information :

Date.-----

Signature of the candidate