



King George's Medical University

Uttar Pradesh, Lucknow – 226003, India

Telemedicine Unit, KGMU

Ref. No: TEL/KGMU/2020/004

Date 23-01-2020

ADVERTISEMENT NOTICE

Applications are invited on plain paper from interested candidates for walk-in-interview for following temporary posts on contractual basis in “*Tele- Medicine Services in Ayushman Bharat Health and Wellness Centres (HWCs)*” for Telemedicine HUB at King George's Medical University, Lucknow in a project funded by National Health Mission, MoHFW.

Sl. No	Name of the Position	Requisite Qualification & Experience	No. of Position	Remuneration per month
1.	Medical Officer (MBBS)	<ul style="list-style-type: none">• MBBS Degree from a recognized Medical College.• Candidates with experience will be preferred.• Age: Maximum age of employment shall be 65 (Sixty Five) years. Relaxation is granted above age of 65 years subjected to their Medical fitness.	3	60,000 (Fixed)

Applications in the attached format along with self attested copies of qualifications & experience certificates should reach the Office of the undersigned **on or before 3:00 P.M., 15/2/2020**. The soft copy of the documents must be also be sent to telemedicine.kgm@gmail.com

The number of vacancy may vary at the time of the recruitment. Interview will be held for the candidates on **20th February, 2020 at 10:00 A.M. in the Committee room, Office of Chief Medical Superintendent, Gandhi Memorial & Associated Hospitals (GM&AH), KGMU.**

Note: No separate individual call letter for interview will be sent. No TA/DA will be paid for attending interview.


(Dr. Sheetal Verma)

Nodal Officer In-charge
Telemedicine HUB Office
8th Floor

Shatabdi Phase-II

King George's Medical University (K.G.M.U.)

Lucknow- 226003

Uttar Pradesh(U.P.)

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APPLICATION FORMAT

Advertisement No. _____

Application for the post of _____

1. APPLICANT'S NAME (In block letters): _____

2. FATHER'S/ HUSBAND'S NAME (In block Letters): _____

3. DATE OF BIRTH: _____ 4. SEX (Male/ Female): _____

5. NATIONALITY _____ 6. RELIGION _____

7. Mobile No. _____ 8. Email: _____

9. ADDRESS (Including Pin Code No.) _____

I CORRESPONDENCE: _____

II PERMANENT: _____

III EDUCATIONAL QUALIFICATION:

S.No	Examination's Passed	Subject	College/ Institute	Board/ University	Year of passing with marks	Percentage (%)
1						
2						
3						
4.						
5.						

10. DESIRABLE/EXPERIENCES: _____

S.No.	College / Institute	Designation	From	To	Total Duration
1					
2					
3					

11. Declaration:

I do hereby that all the statement made in this application are true, complete and correct to the best of my knowledge and belief, In the event of any information being found false or incorrect. I hereby convey my consent for cancellation of my candidature.

Place:

Date:

Signature of Candidate