VACANT POST

For the following temporary posts at AIIMS in ICMR funded Research Project entitled "Assessment of Nutritional, Morbidity Status and Utilization of Health Care Facilities in the Elderly Population Aged 60 Years and Above"

S. No.	Name of the Post	Eligibility	Salary (Consolidated)	Age Limit	Duration of the Project	
1.	Social Worker	i) Master degree in Social Work from a recognized University/Institution ii) Experience in the line with a welfare or health agency preferably dealing with Medical/Public Health Services	Rs. 27000/-	18 to 35 years as on 10 th July 2015	6 months	
PLA	CE OF POSTING		DISTRICT NAINITAL, UTTRAKHAND			

Applications should be submitted in person or by post, alongwith a covering letter specifying the name of the post applied on the envelope to the following address:

Dr. Umesh Kapil,
Principal Investigator,
Room No. 118, Human Nutrition Unit,
Old O.T. Block Building
All India Institute of Medical Sciences, New Delhi

Important:-

- 1) Application must be filled in the prescribed format (Attached along with advertisement).
- 2) Incomplete applications or applications without prescribed format or received after due date will not be considered.
- 3) Only shortlisted candidates will be invited for interview. **No TA/DA will be given** for the same
- 4) No enquiries shall be entertained in this regard after due date

Last Date of receiving the Application is 10-07-2015

FORMAT FOR APPLICATION

1)	Name of the Post										
1)	Name of the Post										
2)	Adver	Advertisement Date									
3)	Name	Name of the Candidate									
4)	Date	Date of Birth									
5)	Age	Age									
6) Whether belongs to SC/ST/OBC category											
7)	Permanent Address										
8)	Address of Correspondence										
9)	Email Address										
10)	Phone No. Mobile Landline No										
11) S.) Qualification from High School and above										
S. No.	Qualification		Name of the Board/University		Year of Passing		Percentage of Marks				
11)	Exper	ience (Post d	gualification)								
S. No.	Post	Name of the Institution	From (Date/month/ year)	To (Date/Month/ Year)	Total Experience	Duties/responsibil ities					
I hereby declare that above information provided by me is correct to my knowledge and belief.											
Enclo	(Signature of the Candidate) Enclosures attached:- 1. 2. 3. 4.										