

REQUIRED

Applications are invited for appointment to the following posts at JSS Medical College, Mysuru.

Sl.No.	Post	Department
01	Professor (Age below 67 Yrs)	<ul style="list-style-type: none">➤ Emergency Medicine➤ Ophthalmology➤ Endocrinology➤ Hospital Administration➤ Occupational Therapy
02	Associate Professor	<ul style="list-style-type: none">➤ Radio-Diagnosis➤ Ophthalmology➤ Occupational Therapy
03	Assistant Professor	<ul style="list-style-type: none">➤ General Medicine➤ General Surgery
04	Senior Resident	<ul style="list-style-type: none">➤ Anatomy➤ General Medicine➤ General Surgery➤ O.B.G➤ Emergency Medicine
05	Assistant Professor/ Psychiatric Social Worker	<ul style="list-style-type: none">➤ Clinical Psychology

Note: 1. Qualification and experience is as per Norms

2. Salary will be commensurate with Qualification, Experience & Suitability.

The application form may be downloaded from the JSS AHER Website viz... www.jssuni.edu.in and attend the **Walk-in Interview** from 07-07-2022 to 12-07-2022 between 11.00 AM to 1.00 PM.

Sd/-
REGISTRAR

b) Undergraduate:

Name of the Institution	Examination passed	University Board	Duration		Class	% Marks
			From	To		

c) Postgraduate (Degree / Diploma)

Name of the Institution	Examination passed	University Board	Duration		Class	% Marks
			From	To		

8. a) Work Experience (Please list your previous employment details starting with the latest / Chronologically).

Sl. No.	Name of the Employer	Period	Design / Post held	Scale of Pay	Total Emoluments (₹)

b) Administrative or other experience:

c) Details of Membership of Academic / Professional bodies / Registration No.....

d) Details of Publication & Research

9. a) Name & address of 2 references:

1. _____	2. _____
_____	_____
_____	_____
_____	_____

b) Indicate your willingness to work anywhere in India / abroad.

10. Details of fee paid: - Application Fees Rs. _____ receipt No./DD No. _____
& date _____ (Receipt / DD should be enclosed with the application).

11. List of Enclosures:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

Declaration: - I attach attested copies of the above certificates / degrees, in support of age, category, qualification and experience etc. The information given above is true & correct to the best of my knowledge.

Place:

Date:

(Name and signature of the candidate)

Note: - application may be sought by paying cash of Rs.200/- in the Office of JSS Academy of Higher Education & Research, Medical Education Institutions Campus, Sri Shivarathreeshwara Nagara, Mysuru.

OR

Application may be downloaded from the website "www.jssuni.edu.in" and filled application may be submitted to the above address along with DD of Rs.200/- payable at Mysuru in favour of "**Registrar, JSS Academy of Higher Education & Research, Mysuru**".