

**JSS Academy of Higher Education & Research**

**JSS Dental College & Hospital**

**Advertisement for the Post of Junior Research Fellow**

Applications are invited for the post of **Junior Research Fellow** to work under ICMR funded Adhoc Project titled "**Hospital waste management before and during COVID -19 Scenario in Mysuru district**"

**Desired Qualification:** MDS/MPH

**Duration:** Two years

**Salary :** Rs 31,000+18%HRA

Interested candidates can download application from JSSAHER website [www.jssuni.edu.in](http://www.jssuni.edu.in) . Send the application along with details of biodata attested copies of certificates to the: **The Principal, JSS Dental College and Hospital, SS Nagar, Mysuru-570015** or send email to [jss\\_dch@yahoo.co.in](mailto:jss_dch@yahoo.co.in) with cc to [sushmarudraswamy@gmail.com](mailto:sushmarudraswamy@gmail.com)

**No TA/DA shall be paid for attending the interview. Last date for submission of application 20<sup>th</sup> January 2023.**



7. b) Under Graduate

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

2) Post Graduate (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 (Rs.)

b) Administrative or other experience:

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

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d) Details of Publication & Research

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9. a) Name & address of 2 references:

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

b) Indicate your willingness to work any where 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.120/- in the Office of Jagadguru Sri Shivarathreeshwara University, JSS Medical Education Institutions Campus, Sri Shivarathreeshwara Nagara, Mysuru.

**Or**

Application may be down loaded from the website “*jssuni.edu.in*” and filled application may be submitted to the above address along with **DD of Rs.120/-** payable at **Mysuru** in favor of “**Registrar, Jagadguru Sri Shivarathreeshwara University**”