

**JSS AHER**

**JSS MEDICAL COLLEGE, MYSURU**

Phone No. 0821-2548337/339, Fax -2548345



**Date : 16.01.2023**

**Position: Consultant (1 Post)**

Applications are invited for the **Consultant** post to work in the **School of Public Health, JSS Academy of Higher Education & Research**, in collaboration with **Novartis Health Care Private Limited, Hyderabad**, for the research project entitled **“AMBARI SICKLE CELL DISEASE (SCD) HEALTH SYSTEMS PROJECT”**. The duration of the project is 12 Months (Extendable based on performance and project extension)

**Required Qualification:** MBBS/BAMS/BDS/BPT/B.Sc., Nursing/Pharm D with MPH and or Ph.D.

**Salary:** Consolidated pay of Rs.40,000/- pm.

**Expertise:** Requires both bench and fieldwork.

Candidates meeting the requirements:

- To download the application from the website [www.jssuni.edu.in](http://www.jssuni.edu.in) and completed application to be forwarded to the Principal, JSS Medical College, Sri Shivarathreshwara Nagar, Mysuru - 570 015 **on or before 21<sup>st</sup> January 2023.**

**PRINCIPAL**



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:

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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 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](http://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**".