



King George's Medical University
Uttar Pradesh, Lucknow – 226003, India
Telemedicine Unit, KGMU

Ref. No: TEL/KGMU/2021/003

Date 23-1-2021

ADVERTISEMENT NOTICE

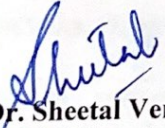
Applications are invited on plain paper from interested candidates for walk-in-interview in the following post on contractual basis for “*Tele- Medicine Services in Ayushman Bharat Health and Wellness Centres (HWCs)*” for Telemedicine HUB at King George’s Medical University, Lucknow funded by National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

Sl. No	Name of the Position	Requisite Qualification & Experience	No. of Position	Remuneration per month
1.	MBBS Doctor	MBBS Degree from a recognized Medical College	2	60,000 (Fixed)

Hard copy of the 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., 5.2.2021**. The soft copy of the application must be also be sent to telemedicine.kgmu@gmail.com

The number of vacancy may vary at the time of the recruitment. Proposed date of interview is **10th February, 2021 at 11.00 A.M. in the Committee room, Office of Chief Medical Superintendent, 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
King George’s Medical University
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Lucknow- 226003
Uttar Pradesh(U.P.)
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Email: dr.heetal2001@gmail.com
heetalverma@kgmcindia.edu

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