



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES
(A State University of the Govt. of Assam)
NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-781032, ASSAM
Phone: 06026177313 (O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

No: SSUHS/305/2021/6773

Dated: 20-09-2022

ADVERTISEMENT

Applications are invited for the following purely contractual posts from the Indian citizens in the prescribed Application Format available in the University website www.ssuhs.in along with a Bank Draft of Rs.1000/- (Rupees one thousand) only drawn in favour of "Srimanta Sankaradeva University of Health Sciences" payable at SBI, GMC Branch, Guwahati on or before 12-10-2022.

Name of the Post	Qualification	Consolidated Salary
Lecturer (Medical Laboratory Technology) (No. of Post = 3 Nos.)	Candidates having M.Sc. Medical Laboratory Technology Degree from recognized University with minimum 3(three) years experience.	Rs.30,000/- PM
Lecturer (Blood Banking Technology) (No. of Post = 2 Nos.)	Candidates having M.Sc. Blood Banking Technology Degree or equivalent from recognized University with minimum 3(three) years experience.	Rs.30,000/- PM
Lecturer (Physiotherapy) (No. of Post = 2 Nos.)	Candidates having Master of Physiotherapy Degree from recognized University with minimum 3(three) years experience.	Rs.30,000/- PM
Lecturer (Physics) (No. of Post = 2 Nos.)	Candidates having M.Sc. Physics Degree from recognized University with minimum 3(three) years experience.	Rs.30,000/- PM

Candidates with Ph.D. / Registered for Ph.D. will be given preference.

Age: Candidates must below 40 years as on 01-01-2022.

Applications received after the last date of submission will not be accepted under any circumstances.

Candidates selected for interview will have to appear before the Selection Board at their own cost, when called for.

The above posts are purely contractual in nature. The appointment to these posts will not assign any right to the candidate to claim for recruitment in regular posts.

(Dr. Sujit Bordhan)
Registrar,

Srimanta Sankaradeva University of Health Sciences
Dated: 20-09-2022

Memo No. SSUHS/305/2021/6773-A

Copy to:

1. The Commissioner & Secretary to the Govt. of Assam, Medical Education & Research Department, Dispur, Guwahati-06
2. The Director of Medical Education, Assam, Sixmile, Khanapara, Guwahati-22
3. The Director of Information and Public Relations, Assam, Guwahati-06. He is requested to arrange for publication of the above advertisement in local dailies published one each from Guwahati, Dibrugarh and Silchar and in National Dailies published from Delhi and Kolkata.
4. The Principal, Gauhati Medical College, Guwahati/ Assam Medical College, Dibrugarh/ Silchar Medical College, Silchar/ Jorhat Medical College, Jorhat.
5. University Website/ Notice Board.

Registrar,

Srimanta Sankaradeva University of Health Sciences



Affix the
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**Format of Application for the post of
under Srimanta Sankaradeva University of Health Sciences, Assam**

[Advertisement No. SSUHS/..... Dated]

(Applicant is requested to type the information in the following format and can add more lines in the format wherever required.)

1. General information of applicant

Name (In capital letters)	
Date of Birth (Day/Month/Year)	
Correspondent Address	
Phone No.	Mobile No: Landline No:
E-mail	

2. Present Position

a.	Designation	
b.	Organization	
c.	Pay Scale	
d.	Date of appointment to the present post	
e.	Total Experience (In Years and Months)	

3. Details of experience possessed as per eligibility criteria:

S. No.	Post held	Pay Scale	Organization	Nature of duties	Experience (In Years and Months)

4. Educational Qualification (In chronological from latest to Graduation level)

S. No.	Qualification	University	Year	Subject(s)/ Topic(s)	Percentage Achieved	Distinctions etc.

5. Administrative Experience/post(s) responsibilities held, if any

S. No.	Post	Organization/ University	Duration		Experience (In Years and Months)
			From (Date)	To (Date)	

6. (a) Academic/Teaching/ Work Experience & responsibilities (In chronological order at least to oldest)

S. No.	Post	Organization/ University	Duration		Experience (In Years and Months)
			From (Date)	To (Date)	

(b) Participation and contribution in relevant areas

	Organization	Area of specialisation
Visiting Faculty		
Resource Person		
Other (Specify)		

(c) Involvement with formulation of academic programmes;

S. No.	Nomenclature of innovative Academic Programmes formulated	Date of approval by Academic Council	Year of Introduction

7. International academic Exposure, if any

Sl. No.	Post/ Assignment	Organization / University	Area of Assignment	Duration		
				From	To	(In Years & Months)

8. Scholarly achievements:

A. Contribution to Journals and Books:

	Details
Books authored	
Editor in Chief	
Editorships	

Peer reviewer for	
Member of the International Advisory Board	
Others(specify	

B. Publication:

B.I Kindly provide list of scholarly publications in recognised professional and/or academic journals:

Total Publications:.....

S. No.	Date	Title	Name of journal	Refereed journal or not	Number of Citations (where possible)

B.II List of articles in popular magazines or newspapers

Total Articles:.....

S. No.	Date	Title	Name of Magazine/Newspaper

C. Participation and scholarly presentation in conferences:

C.I. National

S. No.	Date	Title of Conference or Institution	Title/Subject of Presentation (if made)

C.II International

Sl. No.	Date	Title of Conference or Institution	Title/Subject of Presentation (if made)

D. Participation and contribution in National/International Fora in the area of your academic and professional expertise

		Number(s)
Plenary Lectures/Invited talks	International	
	National	

Congresses attended	International	
	National	
Examinership etc.	International	
	National	
Other (Specify)	International	
	National	

9. Research Project:

Sl. No.	Client/Organization's name	Nature of project	Duration of project	Amount of grant (Rupees)

10. Strengths (100 words)

11. Details of Referees, if any

S. No.	Name of the Referee	Post held by Referee	E-Mail	Phone No.	Mobile

12. Payment Details:

Amount	Bank Draft No.	Date	Name of Bank	Name of Branch	Remarks
Rs.1000/-					

I, hereby, declare that all the statements/particulars made/furnished in this application are true, complete and correct to the best of my knowledge and belief. I also declare and fully understand that in the event of any information furnished being found false or incorrect at any stage, my application/candidature is liable to be summarily rejected at any stage and if I am already appointed, my services are liable to be terminated without any notice from the post of as per Act/Statutes etc. and other applicable rule.

Place:

(Signature of the Applicant)

Date:

Note: Total No. of pages (A-4 size) of the application should not be exceed 10 pages