



## **ADVERTISEMENT**

### **WALK-IN-INTERVIEW**

Applications are invited for the following temporary posts at Surat Municipal Institute of Medical Education & Research (SMIMER), Surat for Covid-19 vaccine Efficacy Project.

<b>Name of Post</b>	Site - Coordinator
<b>Qualification :</b>	Minimum qualification should be BSc in any subject OR equivalent Candidates with experience in research studies and Candidates with proficiency in basic computer application will be preferred.
<b>Emoluments :</b>	Rs. 1000/- per day
<b>Duration of posting</b>	Two (2) months only
<b>No. of Vacancy</b>	1
<b>Job Description:</b>	<ul style="list-style-type: none"> <li>• Ensure documentation process</li> <li>• Send soft copies of the CRFs to ICMR-NIE</li> <li>• Supervision of the data collection and sample collection</li> <li>• Ensure the availability of the logistics</li> </ul>

<b>Name of Post</b>	Data Collector
<b>Qualification :</b>	Minimum qualification should be BSc in any subject OR equivalent Candidates with proficiency in basic computer application will be preferred.
<b>Emoluments :</b>	Rs. 500/- per form
<b>Duration of posting</b>	Two (2) months or total 780 form whichever is earlier
<b>No. of Vacancy</b>	3
<b>Job Description:</b>	<ul style="list-style-type: none"> <li>• Screening and recruitment of the study participants</li> <li>• Data collection</li> <li>• Coordinate with the lab personnel for sample collection</li> <li>• Handover the CRFs to the site coordinator</li> </ul>

<b>Name of Post</b>	Laboratory Technician
<b>Qualification :</b>	Minimum qualification should be BSc with MLT/DMLT OR MSc (MLT) OR equivalent Candidates with experience of working in hospital will be preferred.
<b>Emoluments :</b>	Rs. 250/- per form
<b>Duration of posting</b>	Two (2) months or total 780 form whichever is earlier
<b>No. of Vacancy</b>	2
<b>Job Description:</b>	<ul style="list-style-type: none"> <li>• Collect appropriate samples as selected by the data collectors</li> <li>• Wear PPE as per guidelines</li> <li>• Follow biosafety measures during collection</li> <li>• Should ensure the reporting of the lab results in appropriate CRFs and logs</li> <li>• Swabs: Processing, aliquoting, testing, packaging and reporting</li> <li>• Blood: Processing and packaging and shipment</li> </ul>

Eligible candidate should present in walk-in-interview with duly filled application in prescribed format and with original documents at 9:30 am to 10:30 am on 19/06/2021 on address mention below.

Address: Lecture Hall, First Floor, "C"- Block

Surat Municipal Institute of Medical Education & Research (SMIMER),  
nr. Bombay Market, Umarwada, Surat-395010.

**DEAN  
SMIMER**



**SURAT MUNICIPAL INSTITUTE OF MEDICAL EDUCATION & RESEARCH**  
**SURAT MUNICIPAL CORPORATION**  
 Umarwada, Near Bombay Market, Surat-39510  
 0261-2366367; 2368040-44; Fax: 0261-2343241; [www.suratmunicipal.gov.in](http://www.suratmunicipal.gov.in)

**Application Form**

(Complete In Block Letters)

*Affix  
 Passport Size  
 Photograph  
 (Self  
 Attested)*

**1. Post Applied for**

• *Designation:* \_\_\_\_\_

**2. Name of Candidate:** \_\_\_\_\_

*(Surname)*

*(First Name)*

*(Middle Name)*

**3. Father's Name /  
 Husband's Name:**

*(Surname)*

*(First Name)*

*(Middle Name)*

**4. Address**

\_\_\_\_\_  
 \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pincode:** \_\_\_\_\_

**Telephone No:**

*Home (with code):* \_\_\_\_\_

*Mobile:* \_\_\_\_\_

**E-mail Address :**

a) \_\_\_\_\_

b) \_\_\_\_\_

**5. Date of Birth:**

<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>
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**6. Sex:**

**Male**

☐

**Female**

☐

**7. Category:**

**SC**

☐

**ST**

☐

**SEBC**

☐

**General**

☐

**8. Present  
 Occupation:**

*Guj. Govt/Private College/Others* \_\_\_\_\_

**Name of Institute**

\_\_\_\_\_

**Address of Institute:**

\_\_\_\_\_

**9. Educational Qualifications:**

Examination (Above HSc)	Year of Passing	Name of the University	Percentage	Attempt	Score*

\*for office use only

**10. Details of Experience:**

Designation	Name of Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience in years & months	Score*

\* for office use only

**11. Check-List:**

Please tick (✓) in the appropriate box the document you have submitted with your application (attach **attested xerox copies** wherever applicable in the sequence given below.)

S. No	Document		Please Tick
(1)	BSC	(a) Mark Sheet	
		(b) Attempt Certificate	
		(c) Degree Certificate	
(2)	MLT/DMLT (If applicable)	(a) Mark Sheet	
		(b) Attempt Certificate	
		(c) Degree Certificate	
(3)	Any other	(a) Mark Sheet	
		(b) Attempt Certificate	
		(c) Degree Certificate	
(4)	Experience Certificate		

(5)	Caste Certificate when applicable (Domicile of Gujarat)	
(6)	Birth Date Certificate/ School Leaving	
(7)	NOC of Present Employer	

**If selected willingness to join within [       ] days.**

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**(Signature of the Applicant)**

## **DECLARATION**

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief.

In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like education qualification, marks, experience etc., I understand that my selection is liable for cancellation.

I further understand that my selection is purely provisional subject to the verification of the eligibility conditions.

I undertake to abide by the decision / order of the Dean to cancel my provisional selection and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of selection or at any time during the course of my employment.

I hereby agree, if selected, to conform to the Rules and Regulations of the Medical College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a employee of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Regarding payment of salary from Indian Pharmacopoeia Commission.

**Place:**\_\_\_\_\_

**Date:**\_\_\_\_\_

\_\_\_\_\_  
**(Signature of the Applicant)**