ADVERTISEMENT INVITING APPLICATION FOR CONTRACTUAL APPOINTMENT OF PERFUSIONISTS AND ECG TECHNICIANS FOR EXTRA CORPOREAL MEMBRANE OXYGENATION (ECMO) IN THE DEPARTMENT OF CTVS, SCB MCH, CUTTACK.

S1. No.	Name of the post	No. of posts	Reservation	Salary	Eligibility criteria	
1	Perfusionist	07	As per ORV Act.	Rs.35,400/- (Level-9) of ORSP Rule- 2017	1. Candidate must have Degree or Diploma in Perfusion Technology from a recognized University/Institute inside India. 2. Candidate must have 03 (three years) of experience from any Govt./corporate hospital inside India & preference will be given to the candidates those who have got training in ECMO Perfusion. Career marks- 50% & Interview - 50%	
2	ECG Technician	04		Rs.25,500/- (Level-7) of ORSP Rule- 2017	Career marks- 50% & Interview - 50% 1. Candidate must have passed HSC/Equivalent examination & +2 Science examinations or its equivalent with 2 years Experience in any Govt. recognized hospital in ECG. 2. Desirable qualification :- DCA Career mark :- HSC- 50%, +2-50%	

GENERAL CONDITION

- 1. The candidates, who are intended to apply for the above noted post they have to apply to the Superintendent SCB MCH, Cuttack by E-mail to scbsuperintendent@gmail.com.
- 2. The mail should reach on or before 29.06.2021. No mail shall be entertained beyond the stipulated time.
- 3. The engagement is purely temporary and shall be terminated at any time without assigning any reason thereof.
- 4. Age limit: As per the norms prescribed by State Govt.
- 5. The Superintendent, SCB MCH, Cuttack reserves the right to reject/accept//cancel any mail without assigning any reasons thereof, If it is found incorrect / false/incomplete.
- Self attested scanned copy of all relevant certificates, Mark sheets, Registration Certificates and Experience Certificates should be attached alongwith the application form.
- 7. Self attested scanned copy of Caste, Residence, Aadhar Card to be attached alongwith the application form.
- 8. Undertaking duly filled in and to be attached alongwith the application form.

Sd/-Medical Superintendent SCB Medical College & Hospital ,Cuttack

Application Form

- 1. Name of the Candidate (IN BLOCK LETTERS):
- 2. Name of the Post applied for :
- 3. Name of Father /Spouse:
- 4. Date of Birth (As recorded in HSC Pass Certificate):
- 5. Caste applying for (UR, SC, ST. SEBC) :
- 6. Email ID & Contact No.
- 7. Permanent address:
- 8. Present address of Correspondence

passport size photograph duly self attested

Affix one recent

Full Signature of the Candidate

DECLARATION

I do hereby declare that all the information in the application form is true to the best of my knowledge and belief. Any false/ incorrect information, if detected during verification or in future, my application form shall be treated as cancelled.

Full Signature of the Candidate

Undertaking

I	S/O,D/O, W/O				
At	Po	.PS			
Dist					

I undertake that the scanned self attested documents submitted by me through email are true to the best of my knowledge and belief and if at any stage it is found that any of the information submitted by me is false/ incorrect or any relevant information has been suppressed by me, application form for the above post is liable for rejection.

Date:

Place:

Full Signature of the Candidate

Contact No.

Email ID:-