

OFFICE OF THE DEAN & PRINCIPAL, SCB MEDICAL COLLEGE, CUTTACK

Advertisement No- 10059, Dt- 16/09/23

WALK-IN-INTERVIEW

Applications are invited from eligible candidates for the contractual post of one Data Manager National Programme (Project) on AMR (Antimicrobial Resistance) Containment, Department of Microbiology, SCB Medical College, Cuttack . The Walk-in-interview will be held on **Dt-25.09.2023 at 10 AM** in the College Council Hall, SCB Medical College & Hospital, Cuttack, Applications will be received from the individuals by hand on the date of Walk-in-interview between **10:00 A.M. to 11:00 A.M.** No application will be entertained after 11.00 AM. Interested and eligible candidates may download the application form (Attached as Annexure-I) from the SCB Medical College website <https://scbmch.in/> and submit the same dully filled and signed along with one set of self attested photocopies of ID Proof, relavant documents/certificates, one latest photograph (not more than six months old) and also bring all the original documents/certificates for verification on the spot. Those who will not produce original documents for verification, their applications will not be entertained. Advertisement notice and details available on <https://scbmch.in/>

Sl. No.	Post	No. of Posts	Monthly Consolidated remuneration
1	Data Manager	1	Rs. 20,000/-

Eligibility Criteria:- Age limit: Not more than 40 years

Essential Qualification: -

1. Graduate with Diploma in Computer Applications from Govt. recognized institution.
2. Computer Proficiency including MS Office word/ excel/ power point, email, and internet.
3. Experience of minimum 1 year in Data management preferably in public health sector.

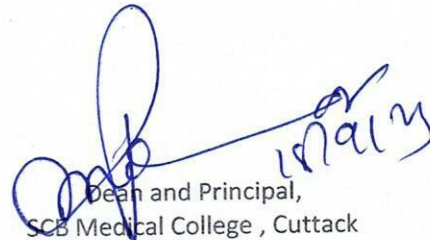
Desirable: - Post graduate with Degree.

Roles and Responsibilities: -

1. Accurate entry of antimicrobial susceptibility data in WHONET software, weekly check of data completeness and sending quarterly report to the Centre.
2. Official correspondence, record keeping and documentation of relevant tests/information.
3. Preparation of presentations and slides as required.
4. Dissemination of data analysis reports and responding to specific requests concerning the database
5. Any other duties assigned by the HOD/AMR nodal officer.

Method Selection :-

Career mark ,Personal Interview and skill test in Computer.


Dean and Principal,
SCB Medical College , Cuttack

ANNEXURE-1

FORMAT OF APPLICATION FORM

APPLICATION FOR THE POST OF

DATA MANAGER

**Affix a recent
passport size
photograph**

1. Name of the Candidate (Block Letter): _____
2. Father/Mother/Spouse Name : _____
3. Sex(Male / Female) : _____
4. Marital Status
(Married / Unmarried) : _____
5. Category
(SC / ST / SEBC / GEN / ExSM) : _____
6. Date of Birth : _____
7. Age as on 31.08.2023(DD/MM/YY) : _____
8. Permanent Address : _____

9. Present Address : _____

10. Nationality : _____
11. Religion : _____
12. Contact Number : _____
13. Email Address : _____
14. Aadhaar Card Number : _____
15. Education Qualification (Enclosed self attested photocopies of Certificates & Mark Sheets)
- 16.

Name of the Examination Passed	Subject	Name of the Board / University	Years of Passing	No. of Attempts	Grade/ Division	% of Marks Secured
HSC/10 th						
+2/ 12 th						
+3/Diploma/ DMLT / B. Pharma Degree						
Post Graduation						
Qualification for Computer application						
OtherQualification						

17. Current Occupation _____

18. Experience :- (Enclosed self attested scanned copies of Work Experience issued by the competent authority)

Name of the Organization / Institution where worked	Post	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
		From	To		

(Use separate sheets if space is inadequate)

19. Check List (Please tick in the box given below as proof of enclosures.)

All certificates must be self attested and be attached in the following order:

- (i) Certificate in support of age(High School Certificate) _____
- (ii) Higher Secondary / Degree / PGD / Diploma _____
- (iii) Marks sheets of qualifying examinations _____
- (iv) Aadhaar Card _____
- (v) Experience Certificate _____
- (vi) Other _____

Declaration

I, _____ son / daughter/ wife of _____ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed, I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.

Place _____

Signature of the Applicant

Date _____