



**अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली**  
**All India Institute of Medical Sciences, Raebareli**  
(An Autonomous Institute under the Ministry of Health and Family Welfare, Govt. of India)  
Munshiganj, Raebareli - 229405, Uttar Pradesh, India  
[www.aiimsrbl.edu.in](http://www.aiimsrbl.edu.in)

AIIMS/RBL/RC/PROJECT/ICMR/210

Date:-01.08.2022

**NOTIFICATION**

Smartphone-based Telestroke Vs' Stroke Physician' led Acute Stroke Management (SMART INDIA):  
A cluster-randomized trial

Project under  
Department of health and research- Indian council of Medical Research, New Delhi

Applications are invited from eligible candidates to be appointed on contractual basis in the ICMR funded Project for the following post.

S.No.	Name of the post	No. of post	Qualification	Salary	Age limit	Term of appointments
1.	Data entry operator	01	Essential:-Graduation from recognized university & one year computer course from affiliated Institute. A speed test of not less than 35 wpm.	17,000/-	30 Years	Till 31 <sup>st</sup> December 2022

An application in the prescribed format, along with a passport-sized photo and self-attested copies of all relevant documents, should be sent directly by email until **5.00 P.M. on August 10, 2022**.

A written test followed by computer skill test of eligible candidates will be conducted on, **August 22, 2022 at 10.00 AM** in Medical College Block, at AIIMS Raebareli. The candidate should come with all original documents along with one photocopy set and valid photo ID at the time of written test.

**Site Investigator**  
**All India Institute of Medical sciences**  
**Raebareli,U.P.**

## **GENERAL INSTRUCTIONS FOR FILLING UP OF OFFLINE APPLICATION FORM:**

1. Please read the following instructions carefully before filling up the application form for above mention post.

2. Candidates are advised to fill up the form in the format provided. Candidate should report with the entire relevant document in original at the time of interview.

3. Please note that all the columns of the application have to be compulsorily filled up. In case of nil information for a particular column, 'N/A' is to be written. The form is to be filled up by the candidate himself / herself in Block Capitals with blue/black ball point pen. The form is to be filled up neatly without any overwriting. Use of corrective fluid (whitener) is not permitted. Column wise instructions are as under: -

a) NAME: Full name as written in Matriculation Certificate

b) MOTHER'S NAME: Mother's name as written in Matriculation Certificate

c) FATHER'S NAME: Father's name as written in Matriculation Certificate

d) GENDER: Male / Female

e) PRESENT ADDRESS WITH PIN CODE: Complete present address of the candidate with PIN code

f) MOBILE NO

g) E-mail

h) DATE OF BIRTH: Date of Birth as per Matriculation Certificate in DD/MM/YYYY format.

i) DECLARATION: The candidate should carefully read and understand the declaration before signing.

j) SIGNATURE OF APPLICANT – The candidate should sign in the space provided.

k) PLACE & DATE – Place and date to be filled up at the time of filling up of application form.

4. The application in the prescribed format (Annexure) should be sent directly by email

**neurologyaiims12@gmail.com till 5 P.M. on 10.08.2022.**

5. Only shortlisted candidates will be informed telephonically and called for the interview. The list of short-listed candidates will be uploaded on the website. The candidates are advised to regularly visit the AIIMS, Raebareli website for information.

6. No TA/DA shall be paid for attending the interview. No separate call letter shall be issued.

7. No accommodation will be provided in the institute.

## APPLICATION FORM

(Application for Appointment on Contract Basis)

1. Post applied for:.....
2. Applicant's Name:..... Sex (M/F).....
3. Father's Name:..... Mother's Name .....
4. Date of Birth:..... Age .....
5. Mailing Address:.....  
.....PIN.....
6. Permanent Address:.....  
.....PIN.....
7. Telephone No.:..... Mobile No:.....
8. E-mail ID: .....
9. Educational, Technical/Professional Qualifications (High School and above):  
(Attach Certificates)

Board/University	Course	Year	Percentage	Division

11. Experience if any

Institution	Post	Duration

12. Any other information:.....

**Declaration**

I declare that the information given above is true to the best of my knowledge and belief.  
Any information, if found false, will reject my candidature.

Date:.....

Place:.....

Applicant's Signature