



INDIAN INSTITUTE OF SCIENCE BANGALORE - 560 012

Indian Institute of Science (IISc), invites applications for the following position in the Wellness Centre :

a) Psychiatric Social Workers – 2 (1 Male & 1 Female)

Educational Qualification : M.Phil in Psychiatric Social Work.

Age limit : 40 years. Admissible age relaxation for SC, ST, OBC and PH will be extended.

Emoluments : Consolidated salary of Rs.35,000/- per month + HRA as admissible.

Duration : The position is on contract and will be temporary for a period of ONE year and renewable annually for a maximum period of 5 years, based on satisfactory performance and at the discretion of the authorities of the Institute.

Selection Method : Written test, followed by interview for short listed candidates will be held at Indian Institute of Science Campus, Bangalore.

General Conditions:

1. Applicants, who possess the minimum educational qualification as on the date of advertisement only need to apply.
2. No accommodation will be available on the Institute campus.
3. Except the consolidated and fixed emoluments, no other benefits will be extended.
4. The candidates have to appear in the selection process at their own cost.
5. Applicants who are desirous to be considered strictly on the aforesaid conditions may download the application form below and fill the application form by furnishing required information completely and send it alongwith photocopies of marks cards, certificates etc., to the **ASSISTANT REGISTRAR, HUMAN RESOURCES UNIT, MAIN BUILDING, INDIAN INSTITUTE OF SCIENCE, BANGALORE– 560012**, superscribing on the envelope 'Application for the post of Psychiatric Social Worker" on or before 13.03.2020. Incomplete applications and are liable to be rejected.

Dated : 12.03.2020

REGISTRAR



**INDIAN INSTITUTE OF SCIENCE
BANGALORE – 560 012**

**APPLICATION FORM FOR THE POST OF PSYCHIATRIC SOCIAL WORKER IN THE
WELLNESS CENTRE, IISc.,**

- Applications other than in this format will not be considered.
- Please fill the Application form in English language using CAPITAL letters.
- Incomplete applications and without copies of certificates are liable to be rejected.

Please affix here
passport size
photo and sign
across with ink or

1.	Name						
2.	Father / Husband's* Name (*in case of married female)						
3.	Date of Birth	Date		Month		Year	
4.	Gender	Male / Female					
5.	Category you belong to	General / OBC / SC / ST / EWS					
6.	Whether Physically Handicapped? viz. Hearing Impaired or Orthopaedically Challenged handicapped? To consider under this category, the Applicants should enclose a copy of the medical certificate in the prescribed form issued by the Competent Medical Authority for the purpose of employment	Yes / No (if yes, Category _____)					
7.	a) Address for Communication						
	b) Phone No.						
	d) e-mail Id (if any)						
8.	Educational Qualification						
	Qualification	College / Institute / School	University / Board	Year of Joining	Year of completion	% of Marks / CGPA	Grade / Class

Contd2/-

9.	Details of employment / experience				
	Organisation	Designation	From	To	Nature of duties

DECLARATION

I, the undersigned hereby solemnly declare and affirm that the information furnished by me in the application form and academic profile is true and I have not concealed any information related to the above items. I understand that if any of the above is found untrue or that I have concealed any information, my application or selection or offer stands cancelled and the Institute can take action against me which it deems fit.

Place :

Date :

Signature of the Applicant