A. Details of the Posts, Essential qualifications and Remuneration

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Post</th>
<th>No. of Vacancies</th>
<th>Mandatory Qualification</th>
<th>Remuneration Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Contract Medical Officer</td>
<td>02(UR)</td>
<td>MBBS with Valid registration at State Medical Council or Medical Council of India with minimum one year relevant experience</td>
<td>Rs.40,000/+- HRA</td>
</tr>
</tbody>
</table>

Note:

i. There is no maximum age limit for eligibility.

ii. The Candidate must possess the essential prescribed qualifications as well as a valid registration with the concerned statutory authority (wherever applicable) on or before the last date of submitting application.

iii. Qualifications other than one prescribed in this advertisement will not be accepted.

iv. Qualifications acquired from foreign university will also not be accepted.

v. Where the posts specified in this advertisement are not reserved for any category, a reserved category candidate can also apply, provided he/she fulfills the criteria specified for the post. However, he/she shall be treated at par with Unreserved category candidates.

vi. The scope includes working on shifts in day/night on rotation.

B. How to Apply

a) Candidates need to send the filled-in application form (in pdf format) along with other relevant documents to the email address office.estb@iisc.ac.in from 09.03.2021 to 21.03.2021. The
format of the application is given at enclosure of this notification. Applications received after the cut-off date will be rejected.

b) The following relevant documents required to be sent (in .pdf format only) along with the filled-in application:
   i. Educational qualification documents i.e., SSLC, MBBS certificates,
   ii. MD/MS Certificates (if applicable),
   iii. Medical Council of India/State Council Registration certificate,
   iv. Identity proof, Address Proof,
   v. No Objection Certificate (NOC) from existing employer, if any (in case of Govt./PSU employees) and
   vi. Experience certificate, if any, in pdf format only.

c) The shortlisted candidates will be informed through e-mail about date & time of interview. Candidates are also advised to provide correct information in their online application.

d) The electronic mode of interview (Zoom Call/ Microsoft Team) will be intimated to the candidates in advance. However, the candidates are advised to be prepared to give interview in all the medium mentioned here, and to appear in person, if so required

e) Candidates may please ensure that they are fulfilling all the requisite criteria prior to registering, failing which, their candidature is liable to be rejected/cancelled.

C. General Instructions:

i. Engagement is purely temporary on contract basis for a period of one year and renewable based on the requirement of the Institute. Contract tenure will commence from the date of joining.

ii. Engagement on contract would be subject to medical fitness.

iii. The contract can be terminated at anytime by giving one month’s notice, by either side.

iv. Candidature/contract of candidate(s) submitting false certificates or suppression/submission of incorrect information shall be liable for termination/disqualification/rejection at any stage.

v. Only Indian nationals need apply.

vi. In case the interview is held in-person, no TA/DA shall be paid for attending the interview. However, interview may be held through online method such as Google Meet/Zoom Call/ Microsoft Team/ Skype. Candidates will be informed through email/about mode and details of interview.

Date: 08.03.2021

Registrar
Indian Institute of Science
Bangalore 560 012, INDIA.

1. Name in Full
First Name
Middle Name
Last Name

2. Sex
MALE  FEMALE  OTHERS

3. Marital Status
MARRIED  SINGLE

4. Date of Birth:  
D  D  M  M  Y  Y  Y  Y

5. Address:
Present
Permanent

6. Mobile Telephone No

7. Telephone (Office)

8. Telephone (Residence)

9. Telephone (Fax)

10. Email Id:

11. (a) Category (UR/OBC/SC/ST/EWS)
(b) Attested copy of certificate enclosed
YES  NO
(c) Whether Physically Challenged
YES  NO
(d) If Yes! tick mark the appropriate category
OH  HH  VH
12. Academic record starting with Matriculation: (please attach photocopies of degree certificates)

<table>
<thead>
<tr>
<th>Degree</th>
<th>College / University / Institute</th>
<th>Year of Joining</th>
<th>Year of Leaving</th>
<th>Percentage of marks</th>
<th>Class / Division</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Experience

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position held</th>
<th>Date of Joining</th>
<th>Date of Leaving</th>
<th>Pay with Scale of pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Professional Training Received

<table>
<thead>
<tr>
<th>Year</th>
<th>Nature of Training</th>
<th>Duration</th>
<th>Organization where training was provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Details of Experience

<table>
<thead>
<tr>
<th>Position</th>
<th>Nature of duties and achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief.

There are attached [ ] sheets along with this form.

Date :

Place : ..........................................................

(Signature of Applicant)

Filled in form may be mailed to
The Asst Registrar (HR),
Indian Institute of Science,
Bengaluru 560012, INDIA

Telephone : 080-22932231
Fax : 080-23600757