



**Surat Municipal Institute of Medical Education & Research  
(Surat Municipal Corporation)**

Opp. Bombay Market, Umarwada, Surat-395010, Gujarat, India



**Walk-in-Interview**

Applicants are requested for appearing in walk in interview for following posts for a project " Reinfection with Severe Acute Respiratory Syndrome Coronavirus-2 (SARS CoV-2) among healthcare workers in India: An open cohort study" at SMIMER Medical College, Surat under Medical Research Unit (MRU), for a period of 6 months purely on contractual basis. The project is field based and may require travelling in various districts of Gujarat.

Sr. No	Name of Post	No. of Vacancies	Qualification & Experience	Age limit	Fixed Remunerations
1.	<b>Project Technical Officer*</b>	1	Graduate in science/ relevant subjects/ from a recognized university with five years work experience from a recognized institution or Master's degree in the relevant subject.	Max. Age limit – 30 Yrs	32,000/- per month
2.	<b>Lab Technician Cum DEO**</b>	1	12th pass in science subjects and two years diploma in Medical Laboratory Technician or PMW or radiology/ radiography or related subject) or one year DMLT plus one year required experience in a recognized organization or two years field/ laboratory experience* or animal house keeping in Government recognized organization. *B.Sc. degree shall be treated as 3 years experience (Working knowledge of computer)	Max. Age limit – 30 Yrs	18,000/- per month

\*Preference will be given to candidate having post graduate degree (Microbiology/Biochemistry/Pathology/Biotechnology) and Covid Research/Covid Lab experience.

\*\*Preference will be given to candidates who have experience of working in Covid testing and having working knowledge of Computer.

Applications should report at **09.30 A.M.** on **15/03/2022** with CV and original documents and photo copy of self-attested documents without fail. **Venue: C Block, Lecture hall, Dept. of Community Medicine, SMIMER, Surat.**

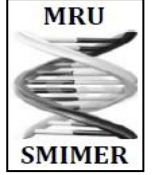
**Nodal Officer  
MRU, SMIMER**



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## MULTI-DISCIPLINARY RESEARCH UNIT (MRU)

(Established under ICMR, Department of Health Research, Government of India, New Delhi)

### Application Form

**Post: Project Technical Officer**

Stick your recent  
PASS PORT size  
photograph

1. Full Name of Candidate (in Block Letter): \_\_\_\_\_

Surname      First Name      Middle Name

2. Address : \_\_\_\_\_

Pincode: \_\_\_\_\_

Email : \_\_\_\_\_

Mobile: \_\_\_\_\_ Whatsapp Mobile : \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. & \_\_\_\_\_ Months

4. Sex: Male  Female

5. Present Job : \_\_\_\_\_

6. Educational Qualification

No.	Examination	Year of Passing	College/University	Marks Obtained	Percentage	Attempt
1.						
2.						
3.						

**7. Details of Experience (attach extra sheet, if required)**

No.	Organisation	Government/ICMR Recognised Institution		Designation	Work Duration	Details of work done during the job (attach sheet if required)
		Yes	No			
1.						
2.						
3.						

**8. Details of working in Research Project or Covid Research in recognised**

**Government/ICMR institution :**

No.	Organisation	Government/ICMR recognised Institution		Designation	Work Duration	Details of work done during the job (attach sheet if required)
		Yes	No			
1.						
2.						

**9. Details of working in Covid Lab :**

No.	Organisation	Designation	Work Duration	Details of work done during the job (attach sheet if required)
1.				
2.				

**10. List of Enclosures (attested copies -in following order)**

	<b>Name of Documents</b>	<b>Submission Status</b>	
I	Graduation Mark Sheet (all years/All semesters)	<b>Yes</b>	<b>No</b>
II	Graduation Attempt Certificate	<b>Yes</b>	<b>No</b>
III	Master's Marksheet (Final year)	<b>Yes</b>	<b>No</b>
IV	Degree certificate	<b>Yes</b>	<b>No</b>
V	School-Leaving Certificate / Birth Date Certificate	<b>Yes</b>	<b>No</b>
VI	Certificate of Experience of working from a recognised institution	<b>Yes</b>	<b>No</b>
VII	Certificate of experience of working in Research Project	<b>Yes</b>	<b>No</b>
VIII	NOC/Relieving order (if any)	<b>Yes</b>	<b>No</b>

**Undertaking**

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**I declare that information stated above is true to the best of my knowledge. If above information is found to be false; I am bound to obey the decision of selection committee.**

**Place:**\_\_\_\_\_

**Date:**\_\_\_\_\_

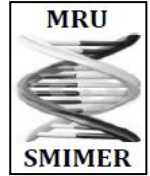
\_\_\_\_\_  
**Signature of Applicant**



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## MULTI-DISCIPLINARY RESEARCH UNIT (MRU)

(Established under ICMR, Department of Health Research, Government of India, New Delhi)

### Application Form

**Post: Lab Technician cum DEO**

Stick your recent  
PASS PORT size  
photograph

1. Full Name of Candidate (in Block Letter): \_\_\_\_\_

Surname      First Name      Middle Name

2. Address : \_\_\_\_\_

Pincode: \_\_\_\_\_

Email : \_\_\_\_\_

Mobile: \_\_\_\_\_ Whatsapp Mobile : \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. & \_\_\_\_\_ Months

4. Sex: Male  Female

5. Present Job : \_\_\_\_\_

6. Educational Qualification

No.	Examination	Year of Passing	College/University	Marks Obtained	Percentage	Attempt
1.						
2.						
3.						

7. Certified Computer Knowledge:

No.	Organisation	Designation	Work Duration	Details of work done during the job (attach sheet if required)
1.				
2.				

**8. Details of Experience (attach extra sheet, if required)**

No.	Organisation	Designation	Work Duration	Details of work done during the job (attach sheet if required)
1.				
2.				
3.				

**9. Experience of working in Covid testing :**

No.	Organisation	Designation	Work Duration	Details of work done during the job (attach sheet if required)
1.				
2.				

**10. List of Enclosures (attested copies -in following order)**

I	Name of Documents	Submission Status	
II	12th Mark Sheet	Yes	No
III	DMLT Marksheet (All semesters/years)	Yes	No
IV	Attempt certificate of DMLT/Relevant Degree	Yes	No
V	B.Sc. Marksheet (Final year)	Yes	No
VI	Degree certificate	Yes	No
VII	Attempt certificate (B.Sc.)	Yes	No
VIII	Experience certificate of working govt. recognised institution	Yes	No
IX	Experience certificate of working in Covid testing	Yes	No
X	Computer certificate	Yes	No
XI	School-Leaving Certificate / Birth Date Certificate	Yes	No
XII	NOC/Relieving order (if any)	Yes	No

**Undertaking**

I declare that information stated above is true to the best of my knowledge. If above information is found to be false; I am bound to obey the decision of selection committee.

Place:\_\_\_\_\_

Date:\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant