

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI – 1100 29
TELEMEDICINE FACILITY

Old Nurses Hostel, 3rd Floor, New Private Ward
[email-telemedaiims@gmail.com](mailto:telemedaiims@gmail.com), Ph-011-26546616, 9868397024

Sl	Designation	No. of Post	Approved salary (per month)	Age	Qualification	Deliverables
1	Telemedicine Infrastructure & Network Administrator	1	Rs. 45,000.00	Up to 45 yrs	B.E/B.Tech and Master's in IT/CS/MCA or equivalent Experience : Minimum Seven years in Telemedicine Projects	1. Compile Reports of Telemedicine activities on weekly, monthly and yearly basis
						2. Compile Reports of Annual Maintenance, Monthly attendance, Leave Record, Log Book and periodic reports
						3. Archive material of Telemedicine sessions
						4. Reports of Technical performance status and daily network testing
						5. Minutes of all meetings convened by the Nodal Officer
						6. Any other documents/deliverables laid down in the SOP
2	Content Developer	1	Rs. 30,000.00	Up to 30 yrs	Any Graduate with One year Diploma in IT/CS/Multimedia etc. having experience in Multimedia content development. In addition to working experience with standard multimedia tools. Exposure with Software like Final cut Pro, Maya, & 3D animation etc. will be preferred Experience : Minimum Four years in Telemedicine projects	1. Repository of Medical education content of the college/institution in various storage devices
						2. Data Base of Educational content and directory

The applications will scrutinize by the committee and depend upon the numbers, you may called for written test and, or skill test before the final interview. Please fill the application form and send the details to the email ID : telemedaiims@gmail.com and last date of application is **17.09.2016**.

Proforma of Application for the post of _____
 at Telemedicine Facility, All India Institute of Medical Sciences, New Delhi (Contract Basis)

1. Name :
2. Father's Name :
3. Date of Birth (Age as on **15.09.2016**) :
4. Sex :
5. Nationality :
6. Address for communication including pin code with Contact No.

Affix with self
 attested recent
 Passport size
 photograph

Email ID if, any : _____

Education Qualifications :

Sl No	Educational Qualification	Subjects	Marks Obtained	Year of Passing	Name of the Board of University
1					
2					
3					
4					
5					

Experience Details :

Sl No	Office Address	Post Held	From	To	No. of years and months (Experience)	Regular/ Temporary

Declaration

I _____ hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after exam/interview, I hereby convey my consent for cancellation of my candidature.

(Signature of the Candidate)

Place :
 Date :