

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

Deptt. of Telemedicine

S.E.T. Facility, Convergence Block, IInd Floor, Room No-2002  
Ph-26549172, 9868397024, email – [telemedaiims@gmail.com](mailto:telemedaiims@gmail.com)

SI	Designation	No. of Post	Approved salary (per month)	Age	Qualification	Deliverables
1	Content Developer	1	Rs. 30,000.00	Up to 40 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 : <b>Minimum Four years in Telemedicine projects</b>	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](mailto:telemedaiims@gmail.com) and last date of application is **09.09.2018.**

Perform 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 ) : 09.09.2018

4. Sex :

5. Nationality :

6. Address for communication including pin code with Contact No.

Affix with self  
attested recent  
Passport size  
photograph

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Email ID if, any : \_\_\_\_\_

Education Qualifications :

SI	Educational Qualification	Subjects	Marks Obtained	Year of Passing	Name of the Board of University
1					
2					
3					
4					
5					

Experience Details :

SI	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 :