

SPORTS AUTHORITY OF INDIA
SAI, NSEC, KOLKATA

EMPLOYMENT NOTIFICATION

Applications are invited for contractual appointment for the post of full time “Medical Officer (Male)” at SAI NSEC KOLKATA for 1 year initially, may be extended further on the basis of performance. Details of Qualification, Experience & monthly remuneration are given below;-

| Name of the Post | Eligibility Criteria | Salary (INR) per month | Maximum Age Limit |
|--------------------------------|--|------------------------|---------------------------|
| Medical Officer (Male)- 1 post | Essential-MBBS (as per IMC Act 1956 with registration from state Medical Council) Desirable-Specialisation in Sports Medicine/Orthopaedics/Medicines/Gynaecology & Obstetrics | Rs. 44,730/- p.m. | 65 years as on 06.12.2017 |

How to apply-Candidates satisfying all the conditions of eligibility shall submit their application in the format (Annexure-1) with self attested copies of all relevant documents i.e proof of age, educational qualification , professional qualification and experience.

Last date for receipt of Application in all respect is 06.12.2017.

Application should be sent in a closed cover with a superscription on the cover “Application for the post of _____” at the following address;-

Director
SAI, NSEC, Salt Lake, Sector-III, Kolkata -700106

Decision of Director, SAI, NSEC, Kolkata in all matters would be final .Incomplete or late applications will be summarily rejected.

**SPORTS AUTHORITY OF INDIA
NETAJI SUBHAS EASTERN CENTRE
SALT LAKE, SECTOR-III, KOLKATA**

APPLICATION FORM

Affix recent self
attested
Photograph

1. Name of the Candidate:
2. Father's/Husband's name:
3. Date of Birth:
4. Gender:
5. Category (SC/ST/OBC/Gen):
6. Date of Retirement:
7. Post Retired from:
8. Educational Qualification;

| SN | Qualification | Board/Univ/Inst | Marks obtained | Total Marks | Subject |
|----|---------------|-----------------|----------------|-------------|---------|
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9. Experience (Attested copies should be attached)

| Designation | Name of the office | From | To | Details of the work |
|-------------|--------------------|------|----|---------------------|
| | | | | |
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10. Present Address for Communication; _____

11. Contact Number. _____

12. E-mail id; _____

DECLARATION: I hereby declare that all the information provided in the application is true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect or not satisfying the prescribed eligibility criteria for the post applied for, my candidature is liable to be cancelled/rejected at any stage of selection.

Place;

(Signature of the Applicant)

Date;