



## University of Hyderabad

School of Medical Sciences

Date: 12-07-2023

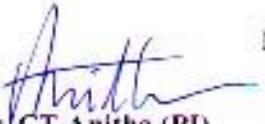
Applications are invited from eligible candidates (Indian Nationals only) in the attached application format (*Form B*) for the following position in the University of Hyderabad-Institute of Eminence (UoH-IoE) Research Project "**A Study of Prevalence and Associated Risk Factors for Non-Alcoholic Fatty Liver Disease (NAFLD) among Information Technology (IT) employees**". No.: UoH-IoE-RC-5-22-005.

(1)	Name of the Post	Project Associate
(2)	Number of positions	01
(3)	Fellowship/Honorarium/ Stipend in Rs.	Rs. 30,000/- per month
(4)	HRA, if applicable	N/A
(5)	Tenure of the Post	Initially 6 months extendable up to 1 year
(6)	Essential Qualifications	Masters in Public Health/MBA Hospital Management
(7)	Desirable Qualifications	Knowledge of Non-Communicable Diseases, Good Communication skills with proficiency in English, Telugu and Hindi. Experience in field investigation, Qualitative Research, Data collection, Entry and Analysis, Report writing.
(8)	Experience	1-2 years of field experience
(9)	Age Limit	Below 30 years

- Applicants should note that the appointments to be made are purely temporary and they have no right for claiming for any regular appointment in the University.
- No TA/DA will be paid for attending the written test / skill test or at the time of joining.
- Self-Attested copies of all certificates in support of the information furnished in the application should be enclosed.
- Last date for receipt of filled-in applications is: **25<sup>th</sup> July, 2023**
- Address to which the applications should be sent:

Applications in PDF format to be sent **ONLY** by Email to [actmd@uohyd.ac.in](mailto:actmd@uohyd.ac.in), [mkmd@uohyd.ac.in](mailto:mkmd@uohyd.ac.in) in the prescribed format (*Form B*) attached

### Name & Signature of the Project Investigators

  
Dr. CT Anitha (PI)

School of Medical Sciences

Dr. C.T. ANITHA M.D, MPH  
Associate Professor  
School of Medical Sciences  
University of Hyderabad  
Hyderabad-500 046, T.S. India.

  
Dr. Mahadev Kalyankar (PI)

School of Medical Sciences

Dr. Mahadev Kalyankar  
Associate Professor  
School of Medical Sciences  
University of Hyderabad  
Hyderabad-500 046, T.S. India.

*Note: Only eligible candidates will be informed by email / letter at a later date.*

**Form – B****Application for Position in the Project**

**UNIVERSITY OF HYDERABAD**  
 P.O. Central University Campus, Gachibowli  
 Hyderabad 500 046, Telangana, INDIA

<b>Application fee payment details:</b>	Bank Name: ..... DD / Receipt No: ..... Amount Rs. .....	Paste Recent Photograph
<b>Post Applied for:</b>	.....	
<b>Notification No &amp; Date:</b>	.....	

<b>Personal Details:</b>		Proof enclosed Sl. No.
1	Full Name (as in SSC certificate)	
2	Gender (Male / Female)	
3	Date of Birth & Age (as on last date of the Notification)	
4	Father's Name	
5	Nationality	
6	Community (General / OBC / SC / ST / PWD)	
7	Married / Unmarried	

<b>Candidate's Name &amp; Address for correspondence :</b>		
	<b>Mailing address</b>	<b>Permanent address</b>
Name		
Address with PIN Code		
Email:		
Phone No.		
Mobile No.		
Fax No.		

<b>Present position held, if any:</b>			
<b>Name of the University / Institution</b>	<b>Name of the Position and Salary Details</b>	<b>Nature of Job</b>	<b>Proof encl. no.</b>

Educational Qualifications							
Name of the Examination passed	Name of the Board / University	Month & Year passed	Division /Class	% of Marks	CGPA (if grading is applicable)	Subjects studied	Proof Encl. No.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

Experience (Including present position / employment)						
Designation & scale of pay	Name & Address of the Employer	Period of Experience			Nature of work	Proof encl. Sl.no.
		From date	To date	No. of years/ Months/days		
(a)	(b)	(c)	(d)	(e)	(f)	(g)

Names & complete postal addresses of 2 referees :											
Email:			Email:								
Phone (Landline) with STD Code :			Phone (Landline) with STD Code :								
Mobile Ph:			Mobile Ph:								

**Declaration:** I hereby declare that all the entries made by me in this application are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature may be cancelled without assigning any reason thereof.

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

Signature of the applicant