



## 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/<br>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   |

- (1) 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.
- (2) No TA/DA will be paid for attending the written test / skill test or at the time of joining.
- (3) Self-Attested copies of all certificates in support of the information furnished in the application should be enclosed.
- (4) Last date for receipt of filled-in applications is: **25<sup>th</sup> July, 2023**
- (5) 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

Dr. Mahadev Kalyankar (PI)  
School of Medical Sciences

Dr. Mahadev Kalyankar  
Associate Professor  
School of Medical Sciences  
University of Hyderabad  
Hyderabad - 500046, T.S. India.

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

**Application for Position in the Project**

|  |  |                                |
|--|--|--------------------------------|
| <p><b>UNIVERSITY OF HYDERABAD</b><br/>                 P.O. Central University Campus, Gachibowli<br/>                 Hyderabad 500 046, Telangana, INDIA</p> |  |                                |
| <p><b>Application fee payment details:</b></p>   | <p><b>Bank Name:</b> .....</p> <p><b>DD / Receipt No:</b> .....</p> <p><b>Amount Rs.</b> .....</p> | <p>Paste Recent Photograph</p> |
| <p><b>Post Applied for:</b></p> <p>.....</p> <p><b>Notification No &amp; Date:</b></p> <p>.....</p>  |  |                                |

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

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

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

| Educational Qualifications     |                                |                     |                 |            |                                    |                  |                 |
|--------------------------------|--------------------------------|---------------------|-----------------|------------|------------------------------------|------------------|-----------------|
| Name of the Examination passed | Name of the Board / University | Month & Year passed | Division /Class | % of Marks | CGPA<br>(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**