

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी

Department of Pharmacology

All India Institute of Medical Sciences, Guwahati

स्वास्थ्य और परिवार कल्याण मंत्रालय,भारत सरकार के तत्वावधान में एक वैधानिक निकाय (A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)

Date: 7/11/2024

Ref No: AIIMS/Ghy/Ophthal/AB/ICMR-DHR/TRC/2024/01

VACANCY NOTICE

Applications are invited for One (01) post of Research Associate III purely on contract basis in the Extramural project, 'Technical Resource Centre (TRC) under the Centre for Evidence for Guidelines', Funded by the Department of Health Research, New Delhi, in Dept. of Ophthalmology, AIIMS Guwahati, Kamrup, Assam.

Name of the Post: Research Associate III

Essential Qualification:

1) Postgraduate degree in Public Health/Statistics/Epidemiology/Health Sciences/Environmental Sciences/Life Sciences/Population Sciences/Demography/Health Economics/HTA/M. Pharm (Pharmacy Practice) with 3 years of post PG experience in research/projects with at least one research paper in SCI journal.

OR

2) PhD in Public Health/Statistics/Epidemiology/Health Sciences/Environmental Sciences/Life Sciences/Population Sciences/Demography/Health Economics/HTA/Pharmacy Practice.

Desirable qualification: Previous experience with Systematic Reviews & Meta-analyses is desirable. Preference will be given to the candidate with:

- 1) Publications (Systematic Reviews and Meta-analysis) as first or corresponding author in SCIE Q1 journals.
- 2) High-level expertise for conducting data analysis using R Programming/STATA/Python.

Age Limit: As per ICMR/DHR Rules.

Emoluments: Rs. 67000 + HRA (as applicable) Per Month

Important dates:

- 1. The last date of applying for the post is 17th November 2024, 05:00 PM. Applications received after the deadline will not be accepted or entertained.
- 2. Date of Interview & Venue: 20th November 2024 at 08:30 AM (Tentative date), in Department of Ophthalmology, AIIMS Guwahati. In case of any change, the same will be conveyed to the candidates via notification in the official website of AIIMS Guwahati under recruitment section (research).

Mode of Interview: Physical only

Application Instructions: Interested candidates are invited to apply only through online mode by filling in the Google form link:

https://docs.google.com/forms/d/e/1FAlpQLScD_sijRd9pPBCLp8mLQnz5Q8bCgrvuP7j0YnjqAlasYny7IA/viewform?usp=sf_link

Notes:

- 1. Only short-listed candidates will be contacted for an interview.
- 2. A written test may be conducted depending on the number of applications received.
- 3. The post is purely temporary. The Principal Investigator has the right to terminate the tenure with one-month notice and vice versa.
- 4. Those who are already employed/working under various research schemes and desire to be considered for the post should submit their applications through proper channel to the undersigned with a certificate from the employer that he/she will be relieved immediately, if selected. Applications received after the due date will not be considered.
- 5. Once the project duration is completed, the tenure is automatically over for candidate selected for this project.
- 6. No TA/DA will be provided for attending the interview.

Dr. Anusuya Bhattacharyya (PI)

Assistant Professor

Department of Ophthalmology, 2nd floor, OPD block, AIIMS Guwahati, Changsari, Kamrup, Assam, PIN-781101

anusuyabhattacharyya@aiimsguwahati.ac.in

Annexure I (application form)

Name of the post	:: Research Associate II	Π
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Title of the Project: "Technical Resource Centre under Centre for Evidence for Guidelines" in AIIMS

Guwahati.

Name of the candidate (Full in Block Letters):

Sex:

Mother's Name:

Father's Name:

Name of the local Guardian & Contact number:

Address for correspondence:

Mobile Number:

Email id:

Date of Birth:

Marital status: Married /Unmarried

Educational Qualification:

S. No	Exam passed	Grade	Year of passing	Board/University	Specialization

Work Experience:

S. No	Period	Post held	Duration	Scale of pay	Name of the	Type of work
	(From to)				employer	performed

Research Publications	(If none,	please	leave	it blank)
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Research Publica	ations (If none, ple	ease leave it blan	K)	
Total no. of articles published (A)	No. of PubMed/Medline/ Scopus/SCIE indexed articles published (B)	Among (B), no. of articles as 1st author	Among (B), no. of articles as corresponding author	Among (B), no. of articles as other authors
_			nd meta-analysis as	s first or corresponding author
S. No	Details of publicat	ion		
Research publicatorder):	Details of publicat		nd meta-analysis as	s authorship in other author
3.10	Details of publicat			
If selected, what t	ime duration would	you require for jo	ining?	
Have you been de	clared unfit by med	ical/court for appo	ointment in any Gov	vt service: Yes/No
If Yes, Mention the	e reason:			
•		Declara	tion	
I hereby dec	clare that the above m	entioned furnished	details are correct to	the best of my knowledge.
Date:		D.		Signature of the candidate
		Place	:	

Note: Scanned copies of all certificates/credentials for the identity, educational and work experience made above needs to be uploaded in the google form



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Dr. Phulen Sarma

Assistant Professor

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phulensarma@aiimsguwahati.ac.in

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S. No	Exam passed	Grade	Year of passing	Board/University	Specialization

Work Experience:

S. No	Period	Post held	Duration	Scale of pay	Name of the	Type of work
	(From to)				employer	performed

Research Publications	(If none,	please	leave	it blank)
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Research Publica	ations (If none, ple	ease leave it blan	K)	
Total no. of articles published (A)	No. of PubMed/Medline/ Scopus/SCIE indexed articles published (B)	Among (B), no. of articles as 1st author	Among (B), no. of articles as corresponding author	Among (B), no. of articles as other authors
_			nd meta-analysis as	s first or corresponding author
S. No	Details of publicat	ion		
Research publicatorder):	Details of publicat		nd meta-analysis as	s authorship in other author
3.10	Details of publicat			
If selected, what t	ime duration would	you require for jo	ining?	
Have you been de	clared unfit by med	ical/court for appo	ointment in any Gov	vt service: Yes/No
If Yes, Mention the	e reason:			
•		Declara	tion	
I hereby dec	clare that the above m	entioned furnished	details are correct to	the best of my knowledge.
Date:		D.		Signature of the candidate
		Place	:	

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