






Date: 27/11/2020

Vijayavani A Deccan Herald News Papers

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|  | KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION Dr. M.H. Marigowda Road, Bengaluru - 560 029. Phone: 91-80-26560722(Dir), 26094000 Fax: 080-26560723 | | |
| No.: KMIO/EST-1/30/2020-21 | Date: 26.11.2020 | | |
| NOTIFICATION | | | |
| Applications are invited from the eligible candidates for filling up of the posts of (1) Radiation Safety Officer, (2) Graduate Lab Technician (Temporary basis) for a period 01 year extendable. If required for subsequent years at RCR, Board of Radiation and Isotope Technology, Kidwai Hospital Campus, Bangalore under Department of Radiation Physics, KMIO., Bangalore. | | | |
| Sl. No. | Name of the Posts | Qualification | Consolidate Pay |
| 1 | Radiation Safety Officer | M.Sc. Medical Physics / Radiation Physics + RSO Level-III or M.Sc. Physics + Diploma in Radiological Physics + RSO Level-III. | Rs. 75,000/- (per month) |
| 2 | Graduate Lab Technician | B.Sc. (Chemistry) | Rs. 27,000/- (per month) |
| (1) Registration Time: 9:30 AM to 10:30 AM. (2) Date & Time: 04.12.2020 Interview from 11:00 AM onwards. (3) Mode: Walk-in-Interview. (4) Venue: Chamber of Director, KMIO, Bangalore. (5) Age Limit: 35 years for GII, 38 years of Cat-II(a), Cat-II(b), Cat-III(a) and Cat-III(b), 40 years for SC, ST and Cat-I. The applications form may be downloaded from the institute website: www.kmio.org and eligible candidate shall come along with duly filled in application to this Institute along with relevant attested documents, 02 passport size photographs and DD of Rs. 500/- in respect of SC, ST and Cat-I candidate and Rs. 1,000/- for other candidates drawn in the favour of Director, Kidwai Memorial Institute of Oncology, Bangalore on the day of Walk-in-Interview itself. | | | |
| DIPR/DDU/1845/Manipal/2020-21 | | | Sd/- Director |
| COVID-19 - DON'T SPREAD RUMOURS. ACT RESPONSIBLY. AVOID INFECTION-NOT THE INFECTED. | | | |
|  |  |  |  |
| Wear Mask | | 6 Feet Follow Physical Distancing | Maintain Hand Hygiene |

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY, BANGALORE - 560 029

APPLICATION FORM FOR THE POST OF RADIATION SAFETY OFFICER

Passport size
photo

DD. No. _____ Amount Rs. _____ Bank Name _____

| | | | | |
|------------|--|---------------------|------------|---|
| 01. | Name of Candidate (in capital letters) | | | |
| 02. | Qualification | | | |
| 03. | Sex | | | |
| 04. | Category, SC/ST/Cat-I/IA/IIA/IIB/IIIA/ IIIB/GM specify with certificate | | | |
| 05. | Nationality | | | |
| 06. | Postal address for correspondence (Mobile No. Email I.D., if any, can also be given) | | | |
| 07. | Name of Father / Mother/ Husband / Wife | | | |
| 08. | Date Birth as recorded in the SSLC certificate | | | |
| 09. | Details of the Qualifications: | | | |
| Sl. No. | Qualification | Marks/Grade etc. | Percentage | Name of the College and University and year of passing |
| 01. | | | | |
| 02. | | | | |
| 03. | | | | |

Contd..2

| 10. | Experience: | | | |
|-------------|-------------|----|--------------------|-------------------------------------|
| Designation | Period | | Total No. of Years | Name of the Hospital / Organization |
| | DD/MM/YYYY | | | |
| | From | To | | |
| | | | | |
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| 11. | Present employment if any | |
|-----|---------------------------|--|

| 12 | Other information | | |
|--------|--------------------------------|------------|-----------------------------|
| Sl.No. | Sports at University and state | Gold Medal | Extra curricular Activities |
| 01. | | | |
| 02. | | | |
| 03. | | | |

Signature of the Candidate.

Place:

Date:

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY, BANGALORE - 560 029

APPLICATION FORM FOR THE POST OF GRADUATE LAB TECHNICIAN

Passport size
photo

DD. No. _____ Amount Rs. _____ Bank Name _____

| | | | | |
|------------|--|---------------------|------------|---|
| 01. | Name of Candidate (in capital letters) | | | |
| 02. | Qualification | | | |
| 03. | Sex | | | |
| 04. | Category, SC/ST/Cat-I/IA/IIA/IIB/IIIA/ IIIB/GM specify with certificate | | | |
| 05. | Nationality | | | |
| 06. | Postal address for correspondence (Mobile No. Email I.D., if any, can also be given) | | | |
| 07. | Name of Father / Mother/ Husband / Wife | | | |
| 08. | Date Birth as recorded in the SSLC certificate | | | |
| 09. | Details of the Qualifications: | | | |
| Sl. No. | Qualification | Marks/Grade etc. | Percentage | Name of the College and University and year of passing |
| 01. | | | | |
| 02. | | | | |
| 03. | | | | |

Contd..2

| 10. | Experience: | | | |
|-------------|-------------|----|--------------------|-------------------------------------|
| Designation | Period | | Total No. of Years | Name of the Hospital / Organization |
| | DD/MM/YYYYY | | | |
| | From | To | | |
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| | | |
|-----|---------------------------|--|
| 11. | Present employment if any | |
|-----|---------------------------|--|

| 12 | Other information | | |
|--------|--------------------------------|------------|-----------------------------|
| Sl.No. | Sports at University and state | Gold Medal | Extra curricular Activities |
| 01. | | | |
| 02. | | | |
| 03. | | | |

Signature of the Candidate.

Place:

Date: