

NATIONAL HUB FOR HEALTHCARE INSTRUMENTATION DEVELOPMENT

Kalanjiyam Building, 2nd Floor, Opp. to Mining Engineering, Anna University, Chennai – 600 025

Ph. +91-44-2235 7953, E-mail: au.nhhid@gmail.com

Dr. S. Meenakshisundaram Co-Coordinator Dr. M. Sasikala Deputy Coordinator

Dr. S. Muttan Coordinator

The National Hub for Healthcare Instrumentation Development (NHHID) is funded by the Department of Science and Technology for carrying out mission-oriented projects related to healthcare instrumentation development, invites application for the Business Liaison Executive post for the Project Titled "Medical Device Development & Commercialization". Candidates who have passion for indigenous development of healthcare instrumentation and Commercialization should send the CVs on or before 24.01.2021 along with an education certificates to The Coordinator through post only to the below mentioned address.

Coordinator

NHHID, Kalanjiyam Building, 2nd Floor, Opposite to Mining engineering, CEG Campus, Anna University, Chennai - 600 025.

The shortlisted candidates will be called for an **interview** after scrutinizing the applications. The actual date and time of interview will be intimated to the shortlisted candidates in due course **by email** only.

| SI. No | Manpower | Essential and Desirable Qualification | | |
|-----------|--|---|--|--|
| | Business Liaison Executive – 1 Post (Rs. 20,000/- per month) | Essential: BE / B.Tech / ME / M.Tech / MBA (U.G. / P.G. – First Class & Regular). | | |
| | | Desirable: 1. Certificate Courses in Management or Computers. 2. Internship Programs in Management. | | |

Major Duties of Business Liaison Executive:

The candidate will support the Marketing & Promotional Activities of the NHHID Project titled: "Medical Device Development & Commercialization". Specifically he/she will be employed to:

- To liaise & network with hospitals, industries, national agencies, state & central
 government bodies for enabling bringing of products to the market and public use, and
 create awareness about the facilities and services offered.
- To enable DST-TDT to replicate the Hub model and other related programmes to spread indigenous medical device development and commercialization across the country by providing coordination support, assistance and networking.
- Achieve short and long term revenue model
- Organize promotional events and exhibitions for existing and new indigenous products.

General Instructions

- Candidates attending the interview will do so at their own expense.
- Candidates should mention % of UG & PG marks in the resume.
- These posts are purely temporary.
- Selected candidates have to report for their duty within 2 weeks after the interview.
- The duration of the fellowship would be co-terminus with the project.
- The selection criteria are as per the guidelines of Anna University, Chennai.

With Best Regards,

Coordinator

NHHID

COORDINATOR

National Hub for Healthcare Instrumentation Development Anna University, Chennai - 600 025.



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Personal Profile:

| Post Applied for: | | | |
|-------------------------------------|---|--|--|
| Applicant Name: | | | |
| Father's Name: | | | |
| Date of Birth: | Dors 1977 | | |
| Marital Status: | Single / Married | | |
| Gender | Male / Female | | |
| Do you belong to SC/ST | Yes / No (If Yes Please attach the community certificate) | | |
| Contact Details: | | | |
| Present Address | | | |
| City / State / Pincode | | | |
| Mobile | | | |
| Email | | | |
| Permanent Address | | | |
| (if different from present address) | | | |
| | | | |
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Educational Qualification:

Please list in chronological order, starting from matriculation onwards.

| Name of the Examination/Degree | University / Board | Division / Grade | Field of study / Subject/s | Date of passing | Place / Country |
|--------------------------------|-----------------------|---------------------|-------------------------------|-----------------|--------------------|
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Declaration:

I declare that the information I have provided in this application form, to the best of my knowledge and belief, is correct and complete.

If I include any details that you know to be false or if I withhold relevant information, I may render myself liable to disqualification from the selection process or, if awarded the fellowship, to withdrawn.

Date:

Signature