



# NATIONAL HUB FOR HEALTHCARE INSTRUMENTATION DEVELOPMENT

Anna University, Chennai – 600 025

Kalanjiyam Building, 2<sup>nd</sup> Floor, Opp. to Mining Engineering,

Ph. +91-44-2235 7938, E mail: [au.nhhid@gmail.com](mailto:au.nhhid@gmail.com)

Dr. M. Sasikala  
Deputy Coordinator  
Dr. S. Meenakshisundaram  
Co-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 Office Assistant post for the Project Titled “**Medical Device Development and Commercialization**”. Interested Candidates **should submit their CVs on or before 17.01.2020** along with an educational qualification certificates to the Coordinator **through post only** to the below mentioned address.

## Coordinator

NHHID, Kalanjiyam Building,  
2<sup>nd</sup> Floor, Opposite to Mining engineering,  
CEG Campus, Anna University,  
Chennai - 600 025.  
E-Mail: [au.nhhid@gmail.com](mailto:au.nhhid@gmail.com)

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

| Sl.No | Manpower  | Essential and Desirable Qualification  |
|-------|---|--|
| 1.    | Office Assistant – 1 Post<br>(Rs. 10,000/- per month) | <b>Essential:</b> 8 Std. Pass.<br><b>Desirable:</b> Prior Experience in Office Assistance. |

## General Instructions

- Candidates attending the interview will do so at their own expense.
- Candidates should mention % of 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.

**For further details please contact:** Coordinator, NHHID, Anna university, Chennai - 600 025.  
ph. +91-44-2235 7938, E-mail: [au.nhhid@gmail.com](mailto:au.nhhid@gmail.com)

  
7/1/2020  
COORDINATOR.  
NHHID



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**Personal Profile:**

|                        |   |
|------------------------|---|
| Post Applied for:      |   |
| Applicant Name:        |   |
| Father's Name:         |   |
| Date of Birth:         | DDMMYY  |
| 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<br>(if different from present address) |  |

**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 |
|--------------------------------|--------------------|------------------|----------------------------|-----------------|-----------------|
|                                |                    |                  |                            |                 |                 |
|                                |                    |                  |                            |                 |                 |
|                                |                    |                  |                            |                 |                 |
|                                |                    |                  |                            |                 |                 |
|                                |                    |                  |                            |                 |                 |

**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