



GOVERNMENT OF INDIA
DEPARTMENT OF SPACE
SATISH DHAWAN SPACE CENTRE SHAR
SRIHARIKOTA- 524124



सत्यमेव जयते

ADVERTISEMENT NO: SCF/PGA/CHSS/2024 - Dated 28.08.2024
INVITES APPLICATIONS FOR IDENTIFYING AUTHORISED MEDICAL OFFICERS(AMOs)

Sl. No.	Position	Essential Qualifications	Location of Consultation Room	Timing	Age Limit	Nature of Duty	Duration of Position	Honorarium
01	Authorized Medical Officer (at Chrompet Chennai)	MD (General Medicine) should have registration with Medical Council of India.	Chrompet	08 Hours i.e. - From 08:00AM to 12:00 Noon, From 04:00 PM to 08:00PM - (Mon to Sat) & Any time during emergency	< = 65 Years as on 17.09.2024	Consultation and treatment of CHSS beneficiaries.	Fulltime	Based on the number of prime CHSS beneficiaries attached, in the range of Rs.12,000/- to Rs.36,000/- per month.
02	Authorized Medical Officer (at Thiruvannamiyur, Chennai)		Thiruvannamiyur					
03	Authorized Medical Officer (at Valasaravakkam, Chennai)		Valasaravakkam					
04	Authorized Medical Officer (at Triplicane, Chennai)		Triplicane					
05	Authorized Medical Officer (at Shenoy Nagar/ Anna Nagar Chennai)		Shenoy Nagar/ Anna Nagar					

- Interested candidates are advised to download the application form from our website www.shar.gov.in, fill it up and submit the same through e-mail: tvbhasker@shar.gov.in (with subject: Application to identify as Authorized Medical Officer at.....on or before 17.09.2024) along with copy of the Degree /Registration certificates and experience mentioned above as advance copy. Initial screening will be done to shortlist the candidate based on the academic performance and other parameters provided by the candidate in the application. SDSC SHAR team will visit the consultation room of shortlisted candidates to inspect the facilities. Shortlisted candidates will receive intimation about the details of inspections through e-mail/phone.

General Conditions/Instructions:

1. Only Indian Nationals need to apply.
2. Candidates should furnish duly filled in application form (download the prescribed format), original certificates of educational qualification, age, experience, registration etc., along with any other relevant information at the time of inspection.
3. Candidates should enclose self-attested true copies of the relevant certificates/testimonials along with the application and submit the same through e-mail: **tvbhasker@shar.gov.in**.
4. Candidates possessing advertised qualification, experience etc., alone will be considered.
5. Selection does not warrant any claim for regular employment in SDSC SHAR or any other Centres of ISRO/DOS.
6. The Centre reserves the right to terminate the position of Authorized Medical Officer (AMO) at any time before completion of the tenure if it so decides. If AMO wants to withdraw, he can give one month notice before withdrawing.
7. The Centre reserves the right not to engage the AMOs, if it so decides.
8. No interim correspondence will be entertained.
9. Canvassing in any form will be a disqualification
10. Government strives to have a work force which reflects gender balance and women candidates are encouraged to apply

Honorarium payable to AMOS (Allopathy)

Sl No	No. of Prime beneficiaries	Honorarium
01	10-50	Rs.12,000/-
02	51-100	Rs.15,000/-
03	101-150	Rs.18,000/-
04	151-200	Rs.21,000/-
05	201-250	Rs.24,000/-
06	251-300	Rs.27,000/-
07	301-350	Rs.30,000/-
08	351-400	Rs.33,000/-
09	401 and above	Rs.36,000/-

APPLICATION FORM TO ENGAGING OF AUTHORIZED MEDICAL OFFICER (AMO) at

01. Name in full (BLOCK LETTERS) :
02. Gender, Date of Birth & Age :
03. Nationality :
04. Registration number with MCI :
05. Father's/ Spouse's name :
06. Address for correspondence (in Block Letters) with phone number & e-mail id. :
07. Permanent Address :
08. Address of the consulting clinic :
09. Educational / Professional qualifications (Starting from highest qualification and ending with School leaving):

RECENT
PHOTOGRAPH

Sl.No.	Qualification	University/Board	Year of Passing	% of marks

10. Details of previous / present employment / own practice, in chronological order starting from the present position:

Sl. No.	Name and Address of Employer	Period		Total period of Service		Post held	Salary drawn	Nature of duties	Reason for leaving
		From	To	Years	Months				

11. Any other relevant information you wish to add including references:

DECLARATION

I affirm that the information given in this application is true and correct. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or the position of AMO may be terminated.

Date:

Signature of the Candidate