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ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್

(ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ)

ಬೆಂಗಳೂರು ಮಹಾನಗರ ಸಾರಿಗೆ ಸಂಸ್ಥೆ, ಟಿಟಿಎಂಸಿ 'ಎ' ಬ್ಲಾಕ್, 4ನೇ ಮಹಡಿ,
ಶಾಂತಿನಗರ, ಕೆ.ಹೆಚ್. ರೋಡ್, ಬೆಂಗಳೂರು – 560 027
ದೂರವಾಣಿ ಸಂ: 22536200, ಫ್ಯಾಕ್ಸ್ ಸಂ: 22536221,E-mail: ed.sast-hfw@karnataka.gov.in

ಹೆಚ್.ಎಫ್.ಡಬ್ಲ್ಯೂ/ಎಸ್.ಎ.ಎಸ್.ಟಿ/ಎಡಿಎಂ/37/2015–16, ದಿನಾಂಕ 02–07–2020

ಪರಿಷ್ಕೃತ ಗುತ್ತಿಗೆ ನೇಮಕಾತಿ ಅಧಿಸೂಚನೆ

ಹೆಚ್.ಎಫ್.ಡಬ್ಲ್ಯೂ/ಎಸ್.ಎ.ಎಸ್.ಟಿ/ಎಡಿಎಂ/37/2015–16, ದಿನಾಂಕ 20–06–2020 ರ ಗುತ್ತಿಗೆ ನೇಮಕಾತಿ ಅಧಿಸೂಚನೆಯಂತೆ ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್‌ನಡಿಯಲ್ಲಿ ವಿವಿಧ ಯೋಜನೆಗಳಡಿಯಲ್ಲಿ ಖಾಲಿ ಇರುವ 1. ಏಕ್ಸಿಕ್ಯೂಟಿವ್ ಡಾಕ್ಟರ್ (ಕ್ಲೇಮ್ಸ್ 2ಎ) –(16), 2. ವೈದ್ಯರು (ಯೋಜನಾ ವ್ಯವಸ್ಥಾಪಕರ ಸಹಾಯಕರು–ಎಬಿ–ಎಆರ್‌ಕೆ ಹಾಗೂ ಇತರೆ ಯೋಜನೆಗಳು) (02), 3. ಏಕ್ಸಿಕ್ಯೂಟಿವ್ ಡಾಕ್ಟರ್ (ವೈದ್ಯಕೀಯ ಮರು ಪಾವತಿ ವಿಭಾಗ) (04) ಒಟ್ಟು 22 ಹುದ್ದೆಗಳಿಗೆ ವೈದ್ಯರುಗಳನ್ನು ಗುತ್ತಿಗೆ ಆಧಾರದ ಮೇಲೆ ನೇಮಕಾತಿ ಮಾಡುವ ಎಸ್.ಎ.ಎಸ್.ಟಿ ವೆಬ್‌ಸೈಟ್ ನಲ್ಲಿ ಅಧಿಸೂಚನೆ ಹೊರಡಿಸಲಾಗಿತ್ತು. ಈ ಹುದ್ದೆಗಳಿಗೆ ಅರ್ಜಿ ಸಲ್ಲಿಸಲು 22–06–2020 ಅನ್ನು ಅಂತಿಮ ದಿನಾಂಕವನ್ನಾಗಿ ನಿಗಧಿಪಡಿಸಲಾಗಿತ್ತು.

ಮುಂದುವರೆದು, ಏಕ್ಸಿಕ್ಯೂಟಿವ್ ಡಾಕ್ಟರ್ (ಕ್ಲೇಮ್ಸ್ 2ಎ) 16 ಹುದ್ದೆಗಳಿಗೆ ಮಾತ್ರ ಅರ್ಜಿಗಳನ್ನು ಆಹ್ವಾನಿಸಲಾಗಿದ್ದು, ಉಳಿದ 09 ಹುದ್ದೆಗಳಿಗೂ ಸಹ ಆಸಕ್ತ ಅಭ್ಯರ್ಥಿಗಳಿಂದ ಅರ್ಜಿಗಳನ್ನು ಆಹ್ವಾನಿಸಲಾಗಿದೆ.

1. ಈ ಹುದ್ದೆಗಳಿಗೆ ಅರ್ಜಿ ಸ್ವೀಕರಿಸಲು 06–07–2020 ಕೊನೆಯ ದಿನಾಂಕವೆಂದು ನಿಗದಿಪಡಿಸಲಾಗಿದೆ.

2. ಈಗಾಗಲೇ ಈ ಹುದ್ದೆಗೆ ಅರ್ಜಿ ಸಲ್ಲಿಸಿರುವ ಅಭ್ಯರ್ಥಿಗಳು ಮತ್ತೊಮ್ಮೆ ಅರ್ಜಿಗಳನ್ನು ಸಲ್ಲಿಸಬೇಕಾಗಿರುವುದಿಲ್ಲ.

3. ಇನ್ನುಳಿದಂತೆ ನೇಮಕಾತಿಯ ಷರತ್ತು ಹಾಗೂ ನಿಬಂಧನೆಗಳು, ಹಕ್ಕುತ್ಯಾಗದಲ್ಲಿ ಯಾವುದೇ ಬದಲಾವಣೆ ಇರುವುದಿಲ್ಲ. ದಿನಾಂಕ 20–06–2020 ರಂದು ಹೊರಡಿಸಲಾಗಿದ್ದ ಗುತ್ತಿಗೆ ನೇಮಕಾತಿ ಅಧಿಸೂಚನೆಯಂತೆ ನೋಡುವುದು.

ನಿರ್ದೇಶಕರು (ಆಪರೇಷನ್ಸ್)
ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್
ಬೆಂಗಳೂರು

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Invites

Notification for contractual positions

Applications are invited for the posts of **Assistant Regional Consultants and District Coordinators** on Contract basis for successful implementation of the Government Health Schemes on behalf of Suvarna Arogya Suraksha Trust, Department of Health & Family Welfare.

In Continuation of this, applications are also invited for the following vacant posts is concurrence with the Finance Department. The contract period will be initially for a period of one year that may be extendable for a maximum period of 2 years' based on the performance. The last date for submission of application is 22-06-2020, the details are as below:

Sl. No.	Designation	No. of Posts	Qualification & Experience	Remuneration
01	**Executive Doctors (Claims 2A- Work from Office)**	16	MBBS/BDS with minimum 3 Years' experience in relevant field.	For MBBS – Rs. 50,000/-pm, For BDS Rs. 45000/-pm
02	**Doctors- Assistants to Project Managers, AB-ArK and Other Schemes**	02	MBBS/BDS with minimum 3 Years' experience in relevant field.	For MBBS – Rs. 50,000/-pm, For BDS Rs. 45000/-pm
03	**Executive Doctors (Medical Reimbursement- Work From Office)**	04	MBBS/BDS with relevant experience.	For MBBS – Rs. 50,000/-pm, For BDS Rs. 45000/-pm
	Total	22		

1. **Terms and Conditions:**

(a) Basic Computer Knowledge in MS Office, Excel, PPT etc with good communication skill in Kannada & English.

(b) Prescribed qualification is the minimum requirements and mere possession of the same does not entitle candidates to be called for interaction.

(c) Any canvassing by or on behalf of the candidates or to bring political or other outside influence with regard to selection/appointment shall be a disqualification.

(d) Travelling allowance (TA) will not be paid for attending the interaction.

(e) Candidates shall submit prescribed application along with the copies of all the relevant certificates such as :

(i) Resume

(ii) SSLC Certificate (self-attested)

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(iii) Copies of relevant certificates and testimonials in support of qualification and reservation if claimed (self-attested).

(iv) Experience certificate issued by the concerned organization.

(v) Copy of ID Proof such as Aadhar, Driving License, Voter ID Card, PAN etc.

2. Selection :

(a) Candidates who have been shortlisted will only be called for an interaction.

(b) The post qualification experience will only be considered. Mere possession of experience does not confer any right to be called for interaction/selection.

(c) The application of any candidates found guilty of impersonation or submitting fabricated documents or making statements, which are false or incorrect or indulging in suppression of facts, attempting to use unfair means for the purpose of recruitment will be liable for rejection and reference to legal action by appropriate authority.

3. Disclaimer :

(v) Merely applying for any post called for, or attending the interaction does not give any right of employment.

(vi) The SAST reserves the right to reject any candidate without assigning any reason whatsoever.

(vii) The SAST reserves the right to defer, postpone or cancel this notification without assigning any reasons.

(viii) Corrigendum or Addendum or Cancellation to this Notification, If any shall be published on SAST website only.

The Application form hosted in the http://arogya.karnataka.gov.in/sast/- websites to be downloaded, filled completely and submitted along with photo copies of certificates and it is to be addressed to **the Executive Director, Suvarna Arogya Suraksha Trust, 4th Floor, TTMC 'A' Block, BMTC, K.H. Road, Shanthinagar, Bangalore-560 027** superscribing as "Application for the Post of _____ " by Speed post/Registered post /Courier on or before 22-06-2020, 5.00 pm and the same application should also be emailed to sasthrmanager@gmail.com

Executive Director
Suvarna Arogya Suraksha Trust,
Bangalore.

Date: 20-06-2020
Place: Bengaluru

SUVARNA AROGYA SURAKSHA TRUST

Department of Health and Family Welfare
Government of Karnataka

APPLICATION FORMAT

TO BE FILLED IN BY THE APPLICANT

	Applied for :			
1	Name:			
2	Fathers Name/Husband Name			
3	Correspondence Address			
4	Permanent Address:			
5	Date of Birth (dd/mm/yy)		Age:	
6	Caste			
7	Religion			
8	Email ID			
9	Contact No:			
10	Gender	o Female (____)	o Male (_____)	
11	PAN CARD and Aadhaar No.			
12	Do you claim reservation under Article 371(J)?			

Academic Qualifications in descending order

Sl. No	Examination Passed	Name of Institution/University	Year of Passing	% of Marks/ Grade	Specialization

Certification (if any)

Sl. No	Course/ Certification	Field	Name of Institution/University	Year of Passing

Employment Records

SL. No.	Organization	Designation	Period		Job Description
			From (dd/mm/yyyy	To (dd/mm/yyyy)	
				Total Work Experience:	

I declare that the information given in this form is true and complete to the best of my knowledge and belief. I understand the information is needed to help ensure the safety of the Trust and its staff. I am not aware of any circumstances that might cause my employment to be questioned. I understand that any false statement or omission may render me liable to action, which may include dismissal.

Date : **Signature of Applicant**