



Government of Karnataka
SUVARNA AROGYA SURAKSHA TRUST
(Department of Health & Family Welfare)

Bangalore Metropolitan Transport Corporation, TTMC "A" Block,
4th Floor, Shanthinagar, K.H. Road, Bangalore-560 027,

Phone: 080-22536200, Fax: 080-22536221 E-mail: ed.sast-hfw@karnataka.gov.in



HFW/SAST/ADM/37/2015-16

Date: 06-06-2020

NOTIFICATION FOR CONTRACTUAL APPOINTMENTS

Suvarna Arogya Suraksha Trust under the aegis of Department of Health & Family Welfare registered under the Indian Trust Act, is implementing Ayushman Bharat-Arogya Karnataka scheme and other Health Schemes. For the successful implementation of the Schemes, the Trust intends to appoint Doctors to work as Assistant Regional Consultants and District Co-ordinators in various districts of Karnataka which is Purely Temporary on Contract Basis initially for a period of 1 year and extendable further based on the performance up to maximum 2 years. The last date for submission of application is **22-06-2020**.

For format of application and other details log on to website:
<http://arogya.karnataka.gov.in/sast/>

Sd/-
Executive Director
Suvarna Arogya Suraksha Trust,
Bangalore.

Invites
Notification for contractual positions

Applications are invited for the posts of **Assistant Regional Consultants and District Coordinators** on Contract basis to successful implementation of the Government Health Schemes on behalf of Suvarna Arogya Suraksha Trust, Department of Health & Family Welfare. The contract period initially for a period of one year that may be extendable 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	District	Qualification & Experience	Remuneration
01	Assistant Regional Consultants	05	Bengaluru Rural Dakshina Kannada Bellary Vijayapura Davanagere	MBBS/BDS with minimum 5 Years' experience in relevant field. Preference to those who have added MPH	For MBBS – Rs. 50,000/-pm, For BDS/MPH- Rs. 45000/-pm
02	District Co-ordinators	08	Chikkaballapura Kodagu Yadagiri Vijayapura Kalburgi Raichur Belagavi Haveri	MBBS/BDS/MPH with minimum 3 Years' experience in relevant field.	For MBBS – Rs. 50,000/-pm, For BDS/MPH- Rs. 45000/-pm

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)
 - (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) Interview will be conducted through Zoom App.
- (c) The post qualification experience will only be considered. Mere possession of experience does not confer any right to be called for interaction/selection.
- (d) 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.

(a) Disclaimer :

- (i) Merely applying for any post called for, or attending the interaction does not give any right of employment.
- (ii) The SAST reserves the right to reject any candidate without assigning any reason whatsoever.
- (iii) The SAST reserves the right to defer, postpone or cancel this notification without assigning any reasons.
- (iv) 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 may 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: 06-06-2020
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