



Kerala State AIDS Control Society
Red Cross Road, Thiruvananthapuram-
695035

Phone : 0471-2304882, 2303763, Fax : 2305183

No: 2756/TI/2021/KSACS

25/10/2021

Applications are invited for the following posts on Contract basis in the OST Clinic at Thiruvananthapuram. The last date of receiving application (by post/by email to keralasacs@gmail.com) is 01/11/2021 at 5 pm.

Category No.	Designation	No of vacancy
02/2021	Medical Officer (OST)	1
03/2021	Counsellor (OST Clinic)	1

For more details and application format; log on to the website:
www.ksacs.kerala.gov.in

Sd/-
Project Director



Kerala State AIDS Control Society
Red Cross Road, Thiruvananthapuram -695035
Phone : 0471-2304882, 2303763, Fax : 2305183

2756/2021/TI/KSACS

22.10.2021

A recruitment will be conducted to the following post under the Govt. Opioid Substitution Therapy (OST) Clinic functioning at Thiruvananthapuram:

Cat. No.	Designation	Mode of Appointment	No. of vacancy	Qualification & Experience	Current Vacancy at
01/2021	Medical Officer	Contract	1	MBBS with PG Degree in Community Medicine/Psychiatry/General Medicine; minimum 3 years experience after MBBS.	Govt. OST Clinic, Thiruvananthapuram
02/2021	Counsellor	Contract	1	MA (Psychology/Sociology) or MSW with 3 years' post qualification experience	“

Salary

- Medical officer: Consolidated pay of Rs 50,000/- per month
- Counsellor: Consolidated pay of Rs 13,000/- per month

General Conditions

Contract

- Application form can be downloaded from the web site www.ksacs.kerala.gov.in.
- Application in the **prescribed format along with attested copies of relevant certificates** showing qualification and experience may be sent by post. The Application without signature will be summarily rejected.
- Before applying, candidates should ensure that they fulfill all the eligibility criteria mentioned in the advertisement.
- The selection process will be based on academic qualification and experience and may also include written test/skill test (wherever required), walk-in interview as may be decided depending on the total number of eligible applicants. Selection process will be held at Trivandrum.
- Kerala State AIDS Control Society reserves the right to cancel this notification and/or to limit the appointment to certain area.
- In case of false or insufficient information/lack of proof to ascertain the eligibility of the applicant, their candidature will summarily be rejected at any stage of the selection process.
- Documents to prove Qualification, Age, Experience etc. have to be produced as and when called for.
- Only duly signed application forms will be considered.

- Application may be sent to “**The Project Director, Kerala State AIDS Control Society, Red Cross Road, Thiruvananthapuram-695035**” / OR by email to **keralasacs@gmail.com**. The envelope should be super scribed with the name of the post for which application is being made. Other applications will be rejected.

Last date of receiving applications is **01/11/2021**. Applications received after 5 pm on 01.11.2021 will be summarily rejected.

Project Director

APPLICATION TO THE POST OF MEDICAL OFFICER / COUNSELLOR

Post Applied For :

Category number :

Name (in Block Letter) :

Age (**as on 01.10.2021**) :

Date of birth (dd-mm-yyyy) :

Gender : Male Female

Marital status :

Religion : Caste :

Address for communication:
(With Pin code)

Permanent Address :

Phone (With STD Code) :

Mobile :

Email :

Languages known :

Paste your recent
passport size
photograph here

Educational Qualifications*:

Qualification	School / College / Institute	University /Board	% of mark	Year of passing
SSC / 10 th				
PDC / 12 th				
Graduation/MBBS				
Post Graduation				
PhD				
PG Diploma/ others				

Work Experience*:

Period		Organisation	Designation	Job responsibilities
From	To			

*Attested copies of Certificates showing qualification and experience shall be attached.

DECLARATION

I hereby declare that the above mentioned details are true and correct to the best of my knowledge. I understand that my candidature will be cancelled if any information mentioned above found to be false or incorrect.

Date:

Signature:

Place:

Name:

(For Office use only)

1)Certificates Enclosed **Yes** **No**

2)Qualification Adequate **Yes** **No**

3)Experience Adequate **Yes** **No**

4)Whether eligible to shortlist **Yes** **No**

If no, reason for Rejection :

Date:

Project Director