

**DEPARTMENT OF MEDICAL PHYSICS  
COLLEGE OF ENGINEERING GUINDY  
ANNA UNIVERSITY :: CHENNAI - 600 025.**



**APPLICATIONS FOR TEMPORARY NON-TEACHING POSTS (DAILY WAGES)**

Ref: Advertisement No. DMP / Non-Teaching / 2020 - 21 / CEG, dated: 29.01.2021.

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Applications are invited from eligible, interested, suitable candidates for Non-Teaching Post (Daily Wage Basis) for Department of Medical Physics, Guindy Campus, Anna University, Chennai - 600 025. The applicants should have the following qualifications.

**POST DETAILS**

| S. No. | Post Name                   | No. of Post | Qualification   | Salary (Per day) |
|--------|-----------------------------|-------------|---|------------------|
| 1.     | Professional Assistant - II | 1           | M.Sc - Medical Physics, Physics, Photonics, Biophotonics, Biophysics and Material Science | Rs. 713/-        |

The recruited will be have to assist the lab classes like Electronics Lab, Diagnostic Therapeutic Lab, Photonics Lab and to maintain the office records.

In case there are more number of applicants, a written test will be conducted to select the candidates.

The duly filled application in the prescribed format alongwith copy of degree and all other necessary certificates should be submitted at the following address in person or by post **on or before 15.02.2021 (Monday), 5.00 p.m**

To

The Professor & Head  
Department of Medical Physics  
College of Engineering, Guindy Campus,  
Anna University,  
Chennai - 600 025.


Superscribe the envelope as "Application for the Post of \_\_\_\_\_,"

Department \_\_\_\_\_.



**General Instructions:**

1. Only shortlisted candidates will be called for the interview.
2. The actual date and time of interview will be intimated by e-mail or by telephone to the shortlisted candidates.
3. Candidates should appear for the interview with their original certificates and on their own expenses.
4. The appointment is purely temporary and the duration will be six months which may be extended depending on the performance and on requirement basis with periodical break.
5. Preferred to have experience working with confidential data.
6. The applicant will be responsible for the authenticity of information and other documents submitted.
7. Duly filled in application along with enclosed self attested photocopies of relevant certificates.
8. Full address, name of the district and pin code should be clearly mentioned in the envelope.
9. Write the name of the post, on top of the envelope.
10. The selection criteria would be as per the guidelines of Anna University.
11. The selection committee decision will be final.
12. Selected candidates shall report for duty immediately.

  
HOD, DMP  
29.1.21





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S.No.: \_\_\_\_\_ Post Name : \_\_\_\_\_ Department: \_\_\_\_\_

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|   |   |                |                              |   |   |   |   |                 |                  |   |                                       |                 |
|---|---|----------------|------------------------------|---|---|---|---|-----------------|------------------|---|---------------------------------------|-----------------|
| 1 | Name (in Block Letter) with initials at the end | :              |                              |   |   |   |   |                 |                  |   | Affix recent Passport size Photograph |                 |
| 2 | Address for communication                       | :              |                              |   |   |   |   |                 |                  |   |                                       |                 |
| 3 | E_mail id (valid and functional)                | :              |                              |   |   |   |   |                 |                  |   |                                       |                 |
| 4 | Mobile Number (valid and functional)            | :              |                              |   |   |   |   |                 |                  |   |                                       |                 |
| 5 | Nationality                                     | :              |                              |   |   |   |   |                 |                  |   |                                       |                 |
| 6 | Community                                       | :              |                              |   |   |   |   |                 |                  |   |                                       |                 |
| 7 | Gender  | :              |                              |   |   |   |   |                 |                  |   |                                       |                 |
| 8 | Date of Birth                                   | :              | D                            | D | M | M | Y | Y               | Y                | Y | Age                                   |                 |
|   |   | :              |                              |   |   |   |   |                 |                  |   | _____<br>Years                        | _____<br>Months |
| 9 | <b>Educational Qualification (s) :</b>          |                |                              |   |   |   |   |                 |                  |   |                                       |                 |
|   | Qualifications                                  | Specialization | Board/University/Institution |   |   |   |   | Year of Passing | Percentage/ CGPA |   |                                       |                 |
|   | SSLC  |                |                              |   |   |   |   |                 |                  |   |                                       |                 |
|   | HSC   |                |                              |   |   |   |   |                 |                  |   |                                       |                 |
|   | UG  |                |                              |   |   |   |   |                 |                  |   |                                       |                 |
|   | PG  |                |                              |   |   |   |   |                 |                  |   |                                       |                 |
|   |   |                |                              |   |   |   |   |                 |                  |   |                                       |                 |
|   |   |                |                              |   |   |   |   |                 |                  |   |                                       |                 |



| 10 | <b>Additional Qualification (s)</b> |             |        |    |                |                  |       |
|----|-------------------------------------|-------------|--------|----|----------------|------------------|-------|
|    |                                     |             |        |    |                |                  |       |
|    |                                     |             |        |    |                |                  |       |
|    |                                     |             |        |    |                |                  |       |
|    |                                     |             |        |    |                |                  |       |
| 11 | <b>Experience</b>                   |             |        |    |                |                  |       |
|    | Name of the organization            | Designation | Period |    | Nature of work | Total Experience |       |
|    |                                     |             | From   | To |                | Years            | Month |
|    |                                     |             |        |    |                |                  |       |
|    |                                     |             |        |    |                |                  |       |
|    |                                     |             |        |    |                |                  |       |
|    |                                     |             |        |    |                |                  |       |
|    |                                     |             |        |    |                |                  |       |

**Declaration**

I declare that the information furnished above is true and correct to the best of my knowledge and belief and that no related information is concealed. If any discrepancy is found at any stage, **The Department of Medical Physics, Guindy Campus, Anna University, Chennai, shall cancel my selection / candidate.**

**Signature of the Applicant**

**Place:**

**Date:**