



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

No: HFW/SAST/ADM/37/2015-16

Date: 01-06-2019

Notification for Walk-in-Interview for the Post of Doctors
(Pre-auth and Claims Processing – Work from Home)

The Suvarna Arogya Suraksha Trust, (SAST) Dept. Health & Family Welfare, Govt. of Karnataka implementing Karnataka Integrated Public Health scheme Ayushman Bharath – Arogya Karnataka health scheme. For effective implementation of the scheme, SAST invites eligible candidates for **Walk-in- Interview** for the Post of **Doctors (Pre-auth and Claims Processing)**. The posts are purely on contract basis for period of one year. Eligible Candidates can walk-in with their Resume along with original Documents. The application can be downloaded from <http://arogya.karnataka.gov.in/sast/>

SL No	Name of the post	Qualification	No of Post
1	Pre-auth /Claims Processing Doctor (Medical Oncology)	MBBS and Post Graduate degree/PG Diploma in Medical Oncology with adequate computer knowledge	04
2	Pre-auth /Claims Processing Doctor (Surgical Oncology)	MBBS or Post Graduate degree/PG Diploma in Surgical Oncology	04
3	Pre-auth /Claims Processing Doctor (Radiation Oncology)	MBBS or Post Graduate degree/PG Diploma in (Radiation Oncology)	04
4	Pre-auth /Claims Processing Doctor	MBBS or Post Graduate degree with adequate computer knowledge	12
		Total	24

Notes:

1. Applicants are advised to ensure, before attending walk-in interview, that they possess the minimum essential qualification and experience laid down for the post. Qualification obtained has to be from recognized University/Institute/Board.
2. All posts are contractual for the duration offered. The appointment may be renewed after every specific period of time subject to satisfactory performance and project/scheme requirement.
3. Remuneration will be paid on pro-rata basis as per the SAST rules.
4. The Application form hosted in the <http://arogya.karnataka.gov.in/sast/>- websites to be downloaded, **filled completely and submitted on the day of interview** along with self-attested photocopies of the qualification experience certificates and valid address proof.
5. The Candidates have to carry the original documents pertaining to above mention Qualification, Experience and an ID card along with Photo copy of the same which as to be submitted at the time of document verification.
6. Applicants are advised to mention their correct and active email ID in the application, as all further correspondence will be communicated through email only.
7. No travelling allowance (TA) shall be paid to attending the Walk -in interview.
8. The Director has the right to accept/reject any application without assigning any reason thereof and no recommendation in this matter will be entertained.
9. Candidates possessing the above essential qualification and experience may come for walk-in-interview / personal discussion as indicated below:

Date: 10th and 11th of June 2019

Time: 10:00 A.M- 11.00 A.M

(Reporting Time)

Venue:

Suvarna Arogya Suraksha Trust
BMTC, TTMC "A" Block,
4th Floor, Shanthinagar, K.H. Road,
Bangalore-560 027,

Sd/-
Executive Director
Suvarna Arogya Suraksha Trust
Bengaluru



SUVARNA AROGYA SURAKSHA TRUST
Department of Health and Family Welfare
Government of Karnataka



APPLICATION FORMAT
TO BE FILLED IN BY THE APPLICANTS

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	<input type="radio"/> Female (____)	<input type="radio"/> Male (____)
11	PAN CARD and Aadhaar No.		
12	Are You belongs to Hyderabad Karnataka reservation 371(J)		

Academic Qualifications in descending order

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

Professional Qualifications

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

(Current Employment Record)

Sr. No.	Organization	Designation	Period		Job Description
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

Past Experience:

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

Any other information relevant to the job:

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

