



Office of Civil Surgeon Cum Chief Medical officer,Ranchi  
(Department of Health and Family Welfare)

Letter No

Date –

**EXPRESSION OF INTEREST (E.O.I)**

Sadar Hospital, Ranchi is one of the premier govt. hospital in the state and India. The institute provides free medical services under AB-MMJAY and other govt. schemes. Expression of Interest (E.O.I) is invited for Teleradiology Coordinator for providing services at Centralized Radiology Hub, Sadar Hospital Ranchi ranchi

Sl.No	Post Name	No. of Post	Qualification	Salary
1	Teleradiology Coordinator	01	1. B.SC in Radiology/Radiation Technology 2. 5 yrs experience in 100 bedded hospital 3. Diploma in MRI Technology/experience in Medical College/ National Institutions (Preference will be given)	Rs 35,000/-

**Terms and Conditions**

Relevant documents and information can be seen and downloaded from [www.sadarhospitalranchi.org](http://www.sadarhospitalranchi.org)

- The desirous candidates having requisite qualifications and fulfilling other eligibility conditions may come for appearing in **walk-in-interview** along with filled application on prescribed format and all the certificates in original in support of their qualification, experience in **Office of Civil Surgeon,Ranchi , Sadar Hospital Campus, Puruliya Road Ranchi – 834 001 at 10.30 AM on 27<sup>th</sup> Aug 2025.**
- No TA/DA will be paid to candidates attending the interview.
- Chairman, Selection Committee will have the sole authority to accept or reject any application, if he is satisfied with the cause to do so, without assigning any reason thereof.
- Maximum age of applicant will be not more than 45 yrs as on 31-07-2025 .
- Candidate with higher qualification will be given preference for the post.
- The above meintioned post can be increased or decreased.
- This post initially for the period of 1 year). Extension post expiry of initial period will be the sole discretion of the, Govt of Jharkhand/Civil Surgeon, Ranchi.

Civil Surgeon Cum Chief Medical Officer  
Ranchi

## Candidate Evaluation Sheet

**POST APPLIED FOR :-** \_\_\_\_\_

**FULL NAME OF CANDIDATE :-**

**DATE OF BIRTH :-** \_\_\_\_\_ (AGE - YEARS)

**FATHERS NAME :-**

**COMPLETE ADDRESS :-**

**MOBILE NO: -**

**EMAIL ID :-**

**COMPONENT I EDUCATION QUALIFICATION (MINIMUM QUALIFICATION)**

SL.NO	NAME OF INSTITUTION	QUALIFICATION	DIVISION	Total Marks in (%)	REMARKS

**HIGHER QUALIFICATION THAN MINIMUM REQUIRMENT (IF ANY)**

SL.NO	NAME OF INSTITUTION	QUALIFICATION	DIVISION	REMARKS

**Experience (IF ANY)**

SL.NO	Post	Name of Hospital	From	To	REMARKS

Signature of Applicant

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