

EMPLOYMENT NOTIFICATION NO.:02/2017

**NATIONAL INSTITUTE OF SIDDHA
TAMBARAM SANATORIUM
CHENNAI – 600 047**

COST OF APPLICATION Rs.500/-

**PRESCRIBED APPLICATION FOR
ASSOCIATE PROFESSOR (GUNAPADAM) - CONTRACTUAL
BASIS**



NATIONAL INSTITUTE OF SIDDHA

राष्ट्रीय सिद्ध संस्थान

Ministry of AYUSH आयुष मंत्रालय

GOVERNMENT OF INDIA-भारत सरकार

TAMBARAM SANATORIUM, CHENNAI -600 047 -ताम्बरम सनटोरियम चेन्नई -600 047

फोन/Tele : 044-22411611; फॅक्स/Fax : 22381314

ईमेल: nischennaisiddha@yahoo.co.in ; वेब : www.nischennai.org

APPLICATION FOR THE POST OF:

A. Name of the post :

B. Application fee details: DDNo. _____ Date _____.

1. Name and Address (in block letters)

Attested recent
passport size
photograph to
be affixed in the
space

2. Date of Birth (in Christian Era):

3. Age as on last date of receipt of application:

4. Educational Qualifications:

Whether educational and other qualifications required for the posts are satisfied. If any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same (with a attested photo copy).

Particulars	Qualification / Experience required	Qualification / Experience possessed by the candidate
(i) Essential		
(ii) Experience		
(iii) Desirable		
(iv) Other		

(ii) Other Qualifications / Experience : (Research / Administration /Clinical Practice)

- 1.
- 2.
- 3.
- 4.

(iii) Details of the Research Papers: (Use separate sheets for details)

Organisation / Institution	Number of Research papers			
	Published	Accepted	Submitted	Presented in conference
College / University level				
State level				
National level				
International level				

5. Please state clearly whether in the light of above entries made by you, you have the requirement of post :
6. Nature of present employment, i.e. whether Ad-hoc or temporary or quasi permanent or Permanent:
7. In case the present employment is held on Deputation / Contract basis, please state:
 - a. The date of initial appointment :
 - b. Period of appointment on deputation / contract:
 - c. Name of the parent office / organization which you belong:
8. Additional details about present employment (Put $\sqrt{\quad}$ mark):
 - a. Central Government
 - b. State Government
 - c. Autonomous Organizations
 - d. Government Undertakings
 - e. Universities
9. Are you in revised scale of pay? If yes, Give the date from which the revision took place and also indicate the pre-revised scale

10. Total emoluments per month now drawn:
11. Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet if the space is insufficient.
12. Whether belongs to SC/ST/OBC
13. If the candidate is working in Central Government/ State Government/ Autonomous Organisations /Govt. Undertakings / Universities, he should enclose the NOC with the application
14. Remarks:

I hereby declare that all statements made in the application are true and complete to the best of my knowledge and belief.

Date

(Signature of the Candidate)
Address: