

**EMPLOYMENT NOTIFICATION NO.:01/2019**

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

**COST OF APPLICATION Rs.500/-**

**PRESCRIBED APPLICATION FOR  
ENGAGEMENT OF RESIDENT MEDICAL OFFICER, EMERGENCY  
MEDICAL OFFICER AND HOUSE OFFICER ON 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, फैक्स/Fax : 22381314

ईमेल: [nischennaiiddha@yahoo.co.in](mailto:nischennaiiddha@yahoo.co.in) ;

वेब : [www.nischennai.org](http://www.nischennai.org)

### APPLICATION FOR THE POST OF:

Application fee details: DDNo. \_\_\_\_\_ Date \_\_\_\_\_.

1. Name and Address (in block letters)

Self-Attested  
recent passport  
size photograph  
to be affixed in  
the space

2. Date of Birth (in Christian Era):

3. Age as on the date of walk-in-interview:

4. Educational Qualifications (Starting from High School)

Sl.No.	Examination passed	Year	Name of the School / College / University	Subject	Div/ Grade
1					
2					
3					
4					

5. Experience

Sl.No.	Name of the post	Scale of pay	Name of the Institution / Organization	Period	
				From	To
1					
2					
3					
4					

6. Please state clearly whether in the light of above entries made by you, you have the requirement of post :

7. Whether employed at present, if so indicate the nature of employment.

8. 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.

9. Whether belongs to SC/ST/OBC

DECLARATION

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)

Mobile No:

Address: