

EMPLOYMENT NOTIFICATION NO.:03/2021

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

**APPLICATION FORM FOR THE POST OF
HOSPITAL SUPERINTENDENT ON DEPUTATION BASIS**



राष्ट्रीय सिद्धा संस्थान / NATIONAL INSTITUTE OF SIDDHA
 आयुष मंत्रालय / MINISTRY OF AYUSH
 भारत सरकार / GOVERNMENT OF INDIA
 ताम्बरम सनटोरियम / TAMBARAM SANATORIUM
 चेन्नई -600 047/CHENNAI -600 047

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वेब : <https://nischennai.org>

Application for the Post of Hospital Superintendent

1. Name and Address (in block letters) :

Attested recent
 passport size
 photograph to
 be affixed in
 the space

2. Mobile No :

3. Email Id: :

4. Date of Birth (in Christian Era) :

5. Age as on the last date for receipt of
 application :

6. Date of Retirement under Central
 Government Rules :

7. Educational Qualifications :

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

| Particulars | Qualification / Experience required | Qualification / Experience possessed by the candidate |
|-----------------|-------------------------------------|---|
| (i) Essential | | |
| (ii) Experience | | |

| | | |
|--|--|--|
| <p>(iii) Desirable</p> <p>(iv) Publication</p> <p>(v) Others</p> | | |
|--|--|--|

8. Educational Qualifications (Starting from High School):

| S.No. | Examination Passed | Year | Name of the School / College / University | Subject | Div / Grade |
|-------|--------------------|------|---|---------|-------------|
| | | | | | |

| 9. Experience | | | | | |
|---------------|------------------|--------------|--|--------|----|
| S.No. | Name of the Post | Scale of pay | Name of the Institution / Organization | Period | |
| | | | | From | To |
| | | | | | |

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

11. Nature of present employment, i.e. Whether :
Ad-hoc or temporary or quasi permanent or
Permanent

12. 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

13. Additional details about present employment
(Put ✓ mark)
- a. Central Government
 - b. State Government
 - c. Autonomous Organizations
 - d. Government Undertakings
 - e. Universities
14. 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
15. Total emoluments per month now drawn :
16. 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
17. Whether belongs to SC/ST/OBC :
18. If the candidate is working in Central :
Government/ State Government/ Autonomous
Organization /Govt. Undertakings /
Universities, he/she should enclose the NOC
with the application
19. 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:

CERTIFICATE
(Please refer para 9 of General instructions)

Certified that

1. The entries made in the application have been verified and found correct.
2. No major / minor penalties have been imposed on Shri./ Smt/ _____ during the last 10 years. His / Her integrity is beyond doubt and no vigilance case is pending or being contemplated against the candidate.
3. Service particulars of Shri. / Smt. _____ have been carefully scrutinized.
4. Confidential reports for the last five years i.e., for the year **2015-16** to **2019-20** are enclosed herewith.
5. The candidate if selected will be relieved immediately for joining the post.

Signature and Designation of the
Competent Authority

Details of employment in chronological order:

| Office / Institution / Organization | Post Held | From | To | Scale of pay & Last Basic Pay | Nature of Duties |
|--|------------------|-------------|-----------|--|-------------------------|
| | | | | | |

Signature of the candidate