

**EMPLOYMENT NOTIFICATION NO.:01 / 2022**

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

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

**PRESCRIBED APPLICATION FOR**

**LECTURER (PURA MARUTHUVAM) / LECTURER (VARMA  
MARUTHUVAM) / LECTURER (SIDDHAR YOGA  
MARUTHUVAM) /  
/ VETERINARIAN / RESIDENT MEDICAL OFFICER  
- CONTRACTUAL BASIS**



राष्ट्रीय सिद्ध संस्थान  
**NATIONAL INSTITUTE OF SIDDHA**  
 आयुष मंत्रालय - MINISTRY OF AYUSH  
 भारत सरकार - GOVERNMENT OF INDIA

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

Tele/फोन : 044-22411611;

Fax/फैक्स : 22381314

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

वेब : <https://nischennai.org>

A. Name of the post applied for:

B. Application fee details: Bank Name \_\_\_\_\_ DDNo. \_\_\_\_\_  
 Date \_\_\_\_\_.

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. Sex:  Male  Female  Transgender (Tick Appropriate Box)

5. Date of Birth (in Christian Era):

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

7. 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) Others		

(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				

8. Please state clearly whether in the light of above entries made by you, you have the requirement of post :
9. Whether employed at present, if so indicate the nature of employment:
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. 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)

Mobile No:

Address:

**Details of employment in chronological order:**

<b>Office / Institution / Organization</b>	<b>Post Held</b>	<b>From</b>	<b>To</b>	<b>Scale of pay &amp; Last Basic Pay</b>	<b>Nature of Duties</b>

**Signature of the candidate**