

EMPLOYMENT NOTIFICATION NO.:05/2022

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

COST OF APPLICATION FORM Rs.750/-

**APPLICATION 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/ CHENNAI -600 047

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फैक्स\Fax : 044-22381314
 वेब :https://nischennai.org

A. APPLICATION FOR THE POST OF HOSPITAL SUPERINTENDENT

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 the last date of receipt of application (for Deputation)

4. Date of Retirement under Central / State Government Rules:

5. 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 self- attested photo copy).

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

(iii) Desirable		
(iv) Others		

6. Educational Qualifications (Starting from High School):

S.No.	Examination Passed	Year	Name of the School / College / University	Div.	Subjects

7. Experience:

S.No.	Name of Post	Scale of pay	Name of the Department	Period	
				From	To

8. Please state clearly whether in the light of above entries made by you , you fulfill the requirement of post :
9. Nature of present employment, i.e. whether Ad-hoc or temporary or quasi permanent or Permanent:
10. In case the present employment is held on Deputation / Contract basis, please state:
- The date of initial appointment :
 - Period of appointment on deputation / contract:
 - Name of the parent office / organization which you belong:
11. Additional details about present employment (Put \surd mark):
- Central Government
 - State Government
 - Autonomous Organizations
 - Government Undertakings
 - Universities
12. 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
13. Total emoluments per month now drawn:
14. 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.
15. Whether belongs to SC/ST/OBC
16. If the candidate is working in Central Government/ State Government/ Autonomous Organisation /Govt. Undertakings / Universities, the application should be forwarded by the employer.
17. 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:

Mobile No.

Email id:

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

CERTIFICATE
(Please refer para 9 of General instructions)

Certified that

1. The entries made in the application of Shri / Smt.....have been verified and found correct.
2. No major / minor penalties have been imposed on Shri./ Smt/-----
-----during the last 10 years.
3. His / Her integrity is beyond doubt.
4. No vigilance case is pending or being contemplated against him / her.
5. Service particulars of Shri. / Smt. -----have been carefully scrutinized.
6. Confidential reports/ APARs of Shri / Smtfor the last five years i.e., for the year **2016-17** to **2020-21** are enclosed herewith.
7. If selected, Shri / Smt.....will be relieved immediately for joining the post.

Signature and Designation of the
Competent Authority