

EMPLOYMENT NOTIFICATION NO.:07/2022

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

APPLICATION FEE Rs.750/-

**APPLICATION FOR THE POST OF
HOSPITAL SUPERINTENDENT (UR)
ON DIRECT RECRUITMENT**



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

फ़ोन / Tele : 044-22411611

फैक्स / Fax : 044-22381314

ईमेल/ Email: nischennaisiddha@yahoo.co.in

वेब / Web: https://nischennai.org

A. APPLICATION FOR THE POST OF HOSPITAL SUPERINTENDENT

B. 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 last date of receipt of application (for Direct Recruitment)

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 self- attested photo copy).

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

(iii) Desirable		
(iv) Others		

5. Educational Qualifications (Starting from High School):

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

6. Experience:

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

7. Please state clearly whether in the light of above entries made by you, you fulfill the requirements for the post

:

8. Nature of present employment, i.e. whether Ad-hoc or temporary or quasi permanent or Permanent :
9. 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 to :
10. Additional details about present employment (Put \sqrt mark) :
- a. Central Government
- b. State Government
- c. Autonomous Organizations
- d. Government Undertakings
- e. Universities
11. Are you in the revised Scale of Pay? If yes, indicate the date from which the revision took place and also indicate the pre-revised scale :
12. Total emoluments per month now drawn :
13. Additional information, if any, which you would like to furnish in support of your suitability for the post. Enclose separate sheets if the space is insufficient. :
14. Whether belongs to: [*Please Tick (\checkmark)*] : SC / ST / OBC / GEN
15. 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 12 of General instructions)

Certified that

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

Signature and Designation of the
Competent Authority with seal

(office seal)

**Checklist of documents to be submitted along with
the application for the Post of Hospital Superintendent**
(All the documents should be duly self-attested by the applicant)

Please Tick (✓) the appropriate box

Sl. No.	Name of Document	Whether self-attested		Whether attached		Annexure No.
		Yes	No	Yes	No	
1	Copy of Certificate of PG qualification in Siddha and included in the concerned schedule to the Indian Medicine Central Council Act, 1970.					
2	Certificate showing 10 years working / teaching experience in a Siddha Hospital having minimum 100 operational beds					
3	Copy of Degree/ Diploma in Hospital/Health Care Management from a recognized Institute/ University, towards proof of desirable qualification, if available.					
4	Details of Research experience in Siddha in a recognized Institution/ Department, towards proof of desirable qualification, if available.					
5	Copy of published work in a scientific medical journal, towards proof of desirable qualification, if available.					
6	Copies of U.G. Registration Certificate in NCISM / CCIM / Concerned State Medical Council					
7	Copies of P.G. Registration Certificate in NCISM / CCIM / Concerned State Medical Council					
8	Copy of Certificate towards proof of Date of Birth / Age					
9	Community Certificate as applicable					
10	Disability Certificate (for Differently-abled candidates)					
11	Page No. 6 of the Application Form duly filled up and countersigned by the concerned authority with their Office Seal for regular employees from Govt. organizations					
12	Demand Draft for Rs. 750/- towards Application Fee					

Place:

Date:

Signature of the Applicant