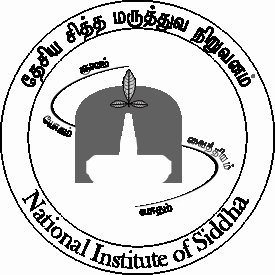
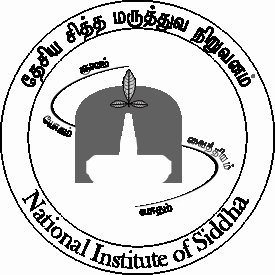
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**राष्ट्रीय सिद्धा संस्थान / NATIONAL INSTITUTE OF SIDDHA**

**आयुष मंत्रालय / MINISTRY OF AYUSH**

**भारत सरकार / GOVERNMENT OF INDIA**

ताम्बरम सनटोरियम / TAMBARAM SANATORIUM

चेन्नई / CHENNAI -600 047

|  |  |
| --- | --- |
| फ़ोन / Tele : 044-22411611  : 044-22381314 | ईमेल/ Email: [nischennaisiddha@yahoo.co.in](mailto:nischennaisiddha@yahoo.co.in)  वेब/Web: https://nischennai.org |

**EMPLOYMENT NOTIFICATION NO.:01 / 2023**

**APPLICATION FOR CONTRACTUAL APPOINTMENT**

**TO THE POST OF**

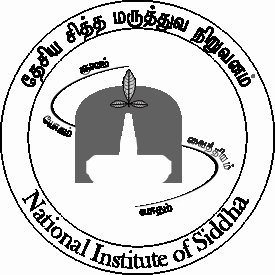
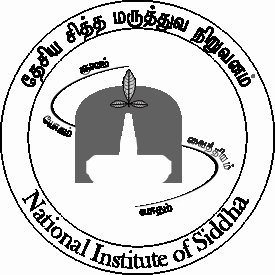
**RESIDENT MEDICAL OFFICER /**

**EMERGENCY MEDICAL OFFICER / HOUSE OFFICER/**

**MEDICAL OFFICER / VETERINARIAN**

***(Strikeout whichever is not applicable)***

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

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**राष्ट्रीय सिद्धा संस्थान / NATIONAL INSTITUTE OF SIDDHA**

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A. Name of the post applied for please ( ✓ )

1) RESIDENT MEDICAL OFFICER

2) EMERGENCY MEDICAL OFFICER

3) HOUSE OFFICER

4) MEDICAL OFFICER (FOR KOTHIMANGALAM TRIBAL OPD)

5) VETERINARIAN

**Note:** The Institute is running a Tribal OPD at Kothimangalam village, Thirukazhukundram in Chengalpattu District. If any applicant wishes to opt for that post he / she should submit his / her option ( 1 to 5) in the order of preference in the columns against the posts given below. If no option is submitted against that post such candidates will not be considered for that post.

|  |  |  |
| --- | --- | --- |
| **NAME OF POST** | **PLACE OF POSTING** | **OPTION** |
| RESIDENT MEDICAL OFFICER | AT NIS |  |
| EMERGENCY MEDICAL OFFICER | AT NIS |  |
| HOUSE OFFICER | AT NIS |  |
| MEDICAL OFFICER | FOR KOTHIMANGALAM TRIBAL OPD |  |

1. 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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Male |  | Female |  | Transgender | (Tick Appropriate Box) |

4. Sex:

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 an attested photo copy).

|  |  |  |
| --- | --- | --- |
| Particulars | Qualification / Experience required | Qualification / Experience possessed by the candidate |
| 1. Essential 2. Experience 3. Desirable 4. 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. Whether employed at present, if so indicate the

nature of employment:

9. Total emoluments per month now drawn:

10. 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.

11. Whether belongs to :SC / ST / OBC / GEN

*(strikeout whichever is not applicable)*

12. 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:**

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

**Signature of the candidate**