EMPLOYMENT NOTIFICATION NO.:04 / 2023

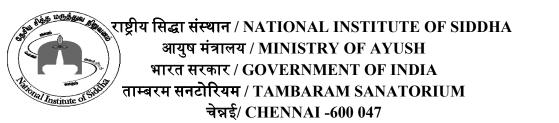
NATIONAL INSTITUTE OF SIDDHA TAMBARAM SANATORIUM CHENNAI – 600 047

APPLICATION FEE Rs.500/-

APPLICATION FOR THE POST OF

CONSULTANT

CONTRACTUAL BASIS



Tele : 044-22411611	Fax : 044-22381314
Email: nischennaisiddha@yahoo.co.in	Web: https://nischennai.org

A. Name of the post	applied for:		
B. Application fee de	etails: Bank Name _ Date	D	DNo
1. Name and Address (in block letters)		
2.Mobile No: 3.Email Id:			Self Attested recent passport size photograph to be affixed in the space
4. Sex:	Male Fem	ale 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	Qualification / Experience
	required	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 fulfill the requirements for the 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 furnish in support of your suitability for the post. Enclose separate sheets if the space is insufficient	:
12. Whether belongs to: [<i>Please Tick</i> (\checkmark)]	: SC / ST / OBC / GEN

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) Address:

Mobile No. Email id:

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

Details of employment in chronological order:

Signature of the candidate