

**EMPLOYMENT NOTIFICATION NO.:05/2023**

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

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

**PRESCRIBED APPLICATION FOR  
ENGAGEMENT OF OBSTETRICIAN & GYNAECOLOGIST /  
SURGICAL SPECIALIST / ANESTHESIOLOGIST/ OPHTHALMOLOGIST  
ON PART TIME 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

फ़ोन / Tele : 044-22411611

ईमेल/ Email: nischennaisiddha@yahoo.co.in

फैक्स / Fax : 044-22381314

वेब/ Web: https://nischennai.org

**APPLICATION FOR THE POST OF:**

A. Name of the post :

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 (Starting from High School)

Sl.No.	Examination passed	Year	Name of the School / College / University	Subject	Div/ Grade
1					
2					
3					
4					

## 8. Experience

Sl.No.	Name of the post	Scale of pay	Name of the Institution / Organization	Period	
				From	To
1					
2					
3					
4					

9. Please state clearly whether in the light of above entries made by you, you have the requirement of post :

10. Whether employed at present, if so indicate the nature of employment.

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. Fee expected per hour (subject to a maximum of Rs.1000/- per day) **(mandatory field)**

Rs. _____/hour
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13. Whether belongs to SC/ST/OBC

DECLARATION

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 )

Name of the Candidate:

Mobile No: