

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

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

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

**PRESCRIBED APPLICATION FOR  
ENGAGEMENT OF  
VARMAM EXPERT / BONE SETTER / YOGA TEACHER / DENTIST  
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. 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: