**EMPLOYMENT NOTIFICATION NO.06 / 2023**

**NATIONAL INSTITUTE OF SIDDHA**

 **TAMBARAM SANATORIUM**

 **CHENNAI – 600 047**

**APPLICATION FEE Rs.500/-**

**APPLICATION FOR THE POST OF**

**CONSULTANT (MEDICAL ONCOLOGIST)**

 **CONTRACTUAL 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**

**Tele : 044-22411611 Fax : 044-22381314**

**Email:** **nischennaisiddha@yahoo.co.in** **Web: https://nischennai.org**

1. Name of the post applied for: **CONSULTANT (MEDICAL ONCOLOGIST)**
2. Application fee details: Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD No.\_\_\_\_\_\_\_\_\_\_

 Date\_\_\_\_\_\_\_\_.

1. Name and Address (in block letters)

Self 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 a 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. 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: [*Please Tick (🗸)]* : 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:

**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**