**EMPLOYMENT NOTIFICATION NO. 06/2023**

**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**

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

**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 |  फैक्स / Fax : 044-22381314 |
| ईमेल/ Email: nischennaisiddha@yahoo.co.in |  वेब/Web: https://nischennai.org |

**APPLICATION FOR THE POST OF**:

1. 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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 (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 | PeriodFrom 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.

|  |
| --- |
| Rs.\_\_\_\_\_\_\_\_\_\_\_\_/hour |

12. Fee expected per hour (subject to a maximum of

 Rs.1000/- per day) **(mandatory field)**

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: