EMPLOYMENT NOTIFICATION NO.:02 / 2024

NATIONAL INSTITUTE OF SIDDHA
TAMBARAM SANATORIUM
CHENNAI – 600 047

COST OF APPLICATION Rs.500/-

APPLICATION FOR THE POST OF

CONSULTANT - DOMAIN EXPERT (SIDDHA)

ON 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**

A. Name of the post applied for: **CONSULTANT - DOMAIN EXPERT (SIDDHA) (ON CONTRACT BASIS)**

B. Application fee details: Bank Name _____ DDNo._____ 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:

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:

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
(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: [*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