

**EMPLOYMENT NOTIFICATION NO.:06 / 2024**

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

(Candidates applying for the posts of Assistant Professor in more than one department should submit only one application indicating the order of preference)

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

**APPLICATION FOR CONTRACTUAL APPOINTMENT TO THE  
POST OF**

- 1. ASSISTANT PROFESSOR (MARUTHUVAM)**
- 2. ASSISTANT PROFESSOR ( VARMA MARUTHUVAM)**
- 3. ASSISTANT PROFESSOR ( PURA MARUTHUVAM)**
- 4. ASSISTANT PROFESSOR ( SIDDHAR YOGA MARUTHUVAM)**



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>

A. Name of the post applied for:

ASSISTANT PROFESSOR (MARUTHUVAM) / ASSISTANT PROFESSOR (VARMA  
 MARUTHUVAM) / ASSISTANT PROFESSOR (PURA MARUTHUVAM) / ASSISTANT  
 PROFESSOR (SIDDHAR YOGA MARUTHUVAM)

(Please indicate in the order of preference)

1)	3)
2)	4)

B. Application fee details: Bank Name \_\_\_\_\_ DD No. \_\_\_\_\_  
 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:

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 meet 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 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 / GEN  
(*strikeout whichever is not applicable*)
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)

Mobile No:

Address:

**Details of employment in chronological order:**

<b>Office / Institution / Organization</b>	<b>Post Held</b>	<b>From</b>	<b>To</b>	<b>Scale of pay &amp; Last Basic Pay</b>	<b>Nature of Duties</b>

**Signature of the candidate**