EMPLOYMENT NOTIFICATION NO.:06/2024

NATIONAL INSTITUTE OF SIDDHA TAMBARAM SANATORIUM CHENNAI – 600 047

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

COST OF APPLICATION Rs.500/-

APPLICATION FOR CONTRACTUAL APPOINTMENT TO THE POST OF

ASSOCIATE PROFESSOR (SIDDHA MARUTHUVA MOOLA THATHUVAM / UDAL KOORUGAL (ANATOMY) / UDAL THATHUVAM (PHYSIOLOGY)



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

फैक्स / Fax : 044-22381314 फ़ोन / Tele: 044-22411611 ai.org

ईमेल/Email: nischennaisiddha@	वेव	वेब/Web: https://nischenna					
A. Name of the post applied	l for:						
(Please indicate in the	order of preference)	3)					
Application fee details: Bank	Name Date	DD No					
1. Name and Address (in bloc	k letters)						
2.Mobile No:			Attested recent passport size photograph to be affixed in the space				
3.Email Id:							
4. Sex:			(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 othe qualification has been treated authority for the same (with a	r qualifications required f as equivalent to the one p	-	•				
Particulars	Qualification / Experient required	_	ation / Experience d by the candidate				
(i) Essential	required	possesse	d by the candidate				
(ii) Experience							
(iii) Desirable							

(iv) Others							
(ii) Other Qualifications / Experience :	(Research / A	Administrati	ion/Clinical F	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:

Office / Institution / Organization	Post Held	From	То	Scale of pay & Last Basic Pay	Nature of Duties

Signature of the candidate

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