**EMPLOYMENT NOTIFICATION NO.:01/2025** 

# NATIONAL INSTITUTE OF SIDDHA TAMBARAM SANATORIUM CHENNAI – 600 047

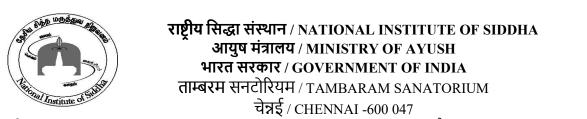
# **COST OF APPLICATION Rs.500/-**

### **PRESCRIBED APPLICATION FOR**

**ENGAGEMENT OF** 

## OPHTHALMOLOGIST

(ON PART TIME BASIS)



फ़ोन / Tele : 044-22411611 ईमेल/ Email: nischennaisiddha@yahoo.co.in फैक्स / Fax : 044-22381314 वेब/Web: https://nischennai.org

> Attested recent passport size photograph to be affixed in the

> > space

#### APPLICATION FOR THE POST OF: OPHTHALMOLOGIST (ON PART TIME BASIS)

A. Name of the post :

B. Application fee details: Bank Name : \_\_\_\_\_DDNo.\_\_\_\_Date \_\_\_\_.

1. Name and Address (in block letters)

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 (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 /	Period	
			Organization	From	То
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.
- Fee expected per hour (subject to a maximum of Rs.1000/- per day) (mandatory field)

Rs	/hour

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: