EMPLOYMENT NOTIFICATION NO.:01 / 2025

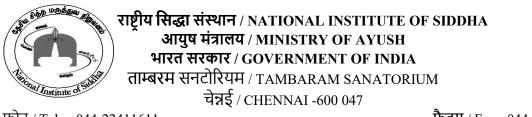
NATIONAL INSTITUTE OF SIDDHA TAMBARAM SANATORIUM CHENNAI – 600 047

COST OF APPLICATION Rs.500/-

APPLICATION FOR CONTRACTUAL APPOINTMENT TO THE

POST OF

PROFESSOR (MARUTHUVAM / NANJU MARUTHUVAM)



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

Name of the post applied for: **PROFESSOR (MARUTHUVAM)** / **PROFESSOR (NANJU MARUTHUVAM)**

(PLEASE TICK RELEVANT POST)

Application fee details: Bank Name Date	_ DD No
1. Name and Address (in block letters)	
2.Mobile No:	Attested recent passport size photograph to be affixed in the space
3.Email Id:	space
4. Sex: Male Female Tra	nsgender (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:

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

Signature of the candidate