

EMPLOYMENT NOTIFICATION NO.: 02 / 2025

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

APPLICATION FEE Rs.500/-

**APPLICATION FOR THE POST OF
CONSULTANT (LIBRARIAN)
ON CONTRACT 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

Email: nischennaisiddha@yahoo.co.in

Fax : 044-22381314

Web: https://nischennai.org

A. Name of the post applied for: CONSULTANT (LIBRARIAN)

B. Application fee details: Bank Name _____ DD No. _____
Date _____

1. Name and Address (in block letters)

Self Attested
recent passport
size photograph
to be affixed in
this 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 last date of receipt of application:

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		

5. Educational Qualifications (Starting from High School):

Sl. No.	Examination Passed	Year	Name of the School / College / University	Div.	Subjects

6. Experience:

Sl. No.	Name of Post	Scale of pay	Name of the Department	Period	
				From	To

7. Please state clearly whether in the light of above entries made by you, you fulfill the requirements for the post :

8. Pay Level/ Pay Band & GP from which the applicant retired :

9. Basic Pension per month now drawn :

10. 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. :
11. Whether belongs to: [*Please Tick (✓)*] : SC / ST / OBC / GEN
12. Remarks (If any) :

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