EMPLOYMENT NOTIFICATION NO.:04/2025

NATIONAL INSTITUTE OF SIDDHA
TAMBARAM SANATORIUM
CHENNAI – 600 047

COST OF APPLICATION Rs.500/-

PRESCRIBED APPLICATION FOR

ENGAGEMENT OF

OPHTHALMOLOGIST

(ON PART TIME BASIS)

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   फैक्स / Fax : 044-22381314
ईमेल/ Email: director.nis-tn@gov.in   वेब/Web: https://nischennai.org

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)

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 last date of receipt of application:

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 / Organization	Period	
				From	To
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.

12. Fee expected per hour (subject to a maximum of Rs.1000/- per day) **(mandatory field)**

Rs._____/hour

13. Whether belongs to   : SC / ST / OBC / GEN / EWS
(strikeout whichever is not applicable)

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: