EMPLOYMENT NOTIFICATION NO.:01/2026

NATIONAL INSTITUTE OF SIDDHA
TAMBARAM SANATORIUM
CHENNAI – 600 047

COST OF APPLICATION Rs.500/-

APPLICATION FOR CONTRACTUAL APPOINTMENT TO THE

POST OF MEDICAL OFFICER (KOTHIMANGALAM - TRIBAL OPD)

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
ईमेल: director.nis-tn@gov.in/chennai-nis@gov.in वेब/Web: https://nischennai.org

A. Name of the post applied for: **Medical Officer (Kothimangalam - Tribal OPD)**

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

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 / EWS
(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	To	Scale of pay & Last Basic Pay	Nature of Duties

Signature of the candidate

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