

EMPLOYMENT NOTIFICATION NO.:03/2026

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

APPLICATION FEE Rs.750/-

**APPLICATION FOR THE POST OF
ASSISTANT PROFESSOR (ANATOMY) (EWS)
ON DIRECT RECRUITMENT**



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

ईमेल: director.nis-tn@gov.in

वेब/Web: <https://nischennai.org>

A. Name of the post applied for:

B. Application fee details: DDNo. _____ Date _____.

1. Name and Address (in block letters)

Self- Attested
 recent passport
 size photograph
 to be affixed in
 the space

2. Date of Birth (in Christian Era):

3. Age as on last date of receipt of application:

4. 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 an attested photo copy).

Particulars	Qualification / Experience required	Qualification / Experience possessed by the candidate
(i) Essential Qualification		
(ii) Experience		
(iii) Publication		

(iv) 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				

5. Please state clearly whether in the light of above entries made by you, you fulfill the requirements for the post :
6. Nature of present employment, i.e. whether Ad-hoc or temporary or quasi permanent or Permanent :
7. In case the present employment is held on Deputation / Contract basis, please state :
- a. The date of initial appointment :
- b. Period of appointment on deputation / contract :
- c. Name of the parent office / organization to which you belong:
8. Additional details about present employment (Put \checkmark mark) :
- a. Central Government
- b. State Government
- c. Autonomous Organizations
- d. Government Undertakings
- e. Universities
9. Are you in the revised Scale of Pay? If yes, indicate the date from which the revision took place and also indicate the pre-revised scale :
10. Total emoluments per month now drawn :

11. 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 :

12. Whether belongs to: [*Please Tick (✓)*] : SC / ST / OBC / GEN / EWS

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)

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

CERTIFICATE
(Please refer para 12 of General instructions)

Certified that

1. This Department / Organisation / Institute has No Objection to Shri. / Smt.....applying for the post of
2. The entries made in the application of Shri. / Smt.....have been verified and found correct.
3. No major / minor penalties have been imposed on Shri./ Smt-----
-----during the last 10 years.
4. His / Her integrity is beyond doubt.
5. No vigilance case is pending or being contemplated against him / her.
6. Service particulars of Shri. / Smt. -----have been carefully scrutinized.
7. Confidential reports/ APARs of Shri. / Smtfor the last five years i.e., for the year **2020-21** to **2024-25** are enclosed herewith.
8. If selected, Shri. / Smt.....will be relieved immediately for joining the post.

Signature and Designation of the
Competent Authority with seal

(office seal)

**Checklist of documents to be submitted along with
the application for the Post of Assistant Professor (Anatomy)**
(All the documents should be duly self-attested by the applicant)

Please Tick (✓) the appropriate box

Sl. No.	Name of Document	Whether self-attested		Whether attached		Annexure No.
		Yes	No	Yes	No	
1	Copy of Certificate of M.Sc., (Anatomy)					
2	Copy of Certificate showing Desirable : M.D.(Anatomy)					
3	Experience : Atleast 3 years experience in teaching / Research in the relevant field.					
4	Copy of Registration Certificate of U.G. in NCISM / CCIM / NMC/ Concerned State Medical Council, wherever applicable.					
5	Copy of Registration Certificate of P.G. in NCISM / CCIM / NMC/ Concerned State Medical Council, wherever applicable.					
6	Copy of Certificate towards proof of Date of Birth / Age					
7	Valid EWS Certificate					
8	Disability Certificate (for Differently-abled candidates)					
9	Demand Draft for Rs. 750/- towards Application Fee					
10	Page No. 6 of the Application Form duly filled up and countersigned by the concerned authority with their Office Seal for regular employees from Govt. organizations.					

Place:

Date:

Signature of the Applicant