

**EMPLOYMENT NOTIFICATION NO.: 02 / 2026**

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

*(Candidates applying for the posts of PROJECT CONSULTANTS in more than one department / specialty should submit separate application)*

**COST OF APPLICATION Rs.500/-**

**APPLICATION FOR THE POSTS OF PROJECT CONSULTANTS  
ON CONTRACTUAL BASIS**

- 1. PROJECT CONSULTANT (CIVIL)**
- 2. PROJECT CONSULTANT (ELECTRICAL)**



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

Fax: 044-22381314

Email: [director.nis-tn@gov.in](mailto:director.nis-tn@gov.in)

Web: <https://nischennai.org>

A. Name of the post applied for:

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 an attested photo copy):

Particulars	Qualification / Experience required	Qualification / Experience possessed by the candidate
(i) Essential		
(ii) Experience		
(iii) Desirable		
(iv) Others		

## 8. Educational Qualifications (Starting from High School):

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

## 9. Experience:

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

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

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 (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:**

<b>Office / Institution / Organization</b>	<b>Post Held</b>	<b>From</b>	<b>To</b>	<b>Scale of pay &amp; Last Basic Pay</b>	<b>Nature of Duties</b>

**Signature of the candidate**