

EMPLOYMENT NOTIFICATION NO.:01/2021

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

COST OF APPLICATION Rs.500/-

PRESCRIBED APPLICATION FOR

**PROFESSOR (POTHU MARUTHUVAM)/
RESIDENT MEDICAL OFFICER/EMERGENCY MEDICAL
OFFICER/HOUSE OFFICER/MEDICAL OFFICER
- CONTRACTUAL BASIS**



राष्ट्रीय सिद्ध संस्थान
NATIONAL INSTITUTE OF SIDDHA
 आयुष मंत्रालय - MINISTRY OF AYUSH
 भारत सरकार - GOVERNMENT OF INDIA

ताम्बरम सनटोरियम चेन्नई -600 047 - TAMBARAM SANATORIUM, CHENNAI -600 047
 Tele/फोन : 044-22411611; Fax/फैक्स : 22381314
 ईमेल : nischennaisiddha@yahoo.co.in वेब : www.nischennai.org

APPLICATION FOR THE POST OF:

- 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 date of walk-in-interview:

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 have the requirement of 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
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