**EMPLOYMENT NOTIFICATION NO.:01/2020**

**NATIONAL INSTITUTE OF SIDDHA**

**TAMBARAM SANATORIUM**

**CHENNAI – 600 047**

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

**PRESCRIBED APPLICATION FOR**

**ENGAGEMENT OF LECTURER (NANJU MARUTHUVAM)/ RESIDENT MEDICAL OFFICER/ MEDICAL OFFICER**

 **ON 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/फ़ोन : 044-22411611; Fax/फैक्स : 22381314**

 **ईमेल:** **nischennaisiddha@yahoo.co.in** **; वेब** :[**www.nischennai.org**](http://www.nischennai.org)

**APPLICATION FOR THE POST OF**:

1. 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. Date of Birth (in Christian Era):

5. Age as on the date of walk-in-interview:

6. Educational Qualifications (Starting from High School)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No. | Examination passed  | Year  | Name of the School / College / University | Subject  | Div/ Grade  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

7. Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Name of the post  | Scale of pay  | Name of the Institution / Organization  |  PeriodFrom To |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

 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. 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.

11. Whether belongs to SC/ST/OBC

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)

 Mobile No:

 Address: