

केन्द्रीय सिद्ध अनुसन्धान परिषद्

आयुष विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

सिद्ध केन्द्रीय अनुसंधान संस्थान भवन, अण्णा सरकारी अस्पताल परिसर, अरुम्बाक्कम, चेन्नै - 600 106

CENTRAL COUNCIL FOR RESEARCH IN SIDDHA

Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India

SCRI Building, Anna Govt. Hospital Campus, Arumbakkam, Chennai – 600 106

Phone: 26212421, Fax: 044-26211621, E-Mail: ccrschennai@gmail.com

Advertisement No. 2/2014

Central Council for Research in Siddha, an Autonomous Body under the Department of AYUSH, Ministry of Health & Family Welfare, Government of India invites applications, under **DR quota**, for the following post:

Upper Division Clerk – 3 posts (Unreserved)

Scale of Pay – PB 2 plus Grade pay Rs 2400/-

Age limit – 27 years and below

(i) Age relaxations for SC/ST/OBC candidates as per Government of India Rules and regulations)

(ii) upto the age of 40 years (45 years in the case of SC/ST candidates) for the departmental candidates provided the employee has rendered not less than three years' continuous service under Government.

Essential Qualifications – (1) Degree from a recognized University

(2) At least five years experience in correspondence work in Government/Semi Government/ Public Sector Undertaking/ Government Institution

(3) Thorough knowledge of office routine/ rules and regulations

Last date – 45 days from the date of publication in the Employment News

The serving employees should route their applications through proper channel along with attested copies of ACRs/APRs for the last five years.

Other candidates, who are not presently employed in Government/Semi Government / Public Sector Undertaking/Government Institution, should produce necessary documentary proof in support of having five years experience as stated above.

CENTRAL COUNCIL FOR RESEARCH IN SIDDHA, CHENNAI

Application for the Post of Upper Division Clerk

PART – 1 To be filled by the candidate

Affix one passport
size colour
photograph

1. Name of the applicant in full :
(in block letters)

2. Father's/Husband's name :

3. Date of birth and age as on 01.01.2014 :

4. (i) Do you belong to SC/ST/OBC :

(ii) Are you physically handicapped (OH/HH/VH): Yes ☐ No ☐
(attach self attested copy of the certificate issued
by the Medical Board constituted by the
Central/State Government)

5. Address in block letter with PIN code:

a) Permanent :

b) Correspondence :

c) E-mail Id :

d) Mobile/landline phone No. :

6. Educational Qualifications:

(Attach self attested copies of relevant documents)

Qualifications	Year of passing	Board/University	Percentage of marks/class

7. Give in chronological order complete details of the service rendered under Government in different offices in different grades.

Name of the Deptt./Office	Post held & scale of pay	Duration		Whether held permanently/ temporarily
		From	To	

- 8 In case of serving employees,
 (a) Whether NOC from the employer enclosed:
 (b) Whether attested copies of the ACRs/APRs for the last Five years enclosed
10. Other information, if any :

Declaration to be signed by the candidate

I declare that all information supplied by me, as above, are true, complete and correct to the best of my knowledge and belief. I also fully understand that in the event of any information being found false or incorrect, my candidature will be summarily rejected or employment terminated.

Place: _____
 Date: _____

Signature of the Applicant

PART -2 To be filed by the Head of Department or office in which the candidate is Serving

Certified that the information given by Shri/Smt/Kumari _____ in Column 1,3,4 and 7 of the application have been verified with reference to his/her service record and are correct.

Certified also that he/she has submitted his/her application to the Office on _____ for onward transmission to the Central Council for Research in Siddha.

Further attested copies of the ACRs/APRs for the last five years in respect of Shri/Smt/Kumari _____ are enclosed.

Date:

Signature.....
 Name.....
 Designation.....
 Department/Office.....
 Address/Telephone No.....