

rpj;j kUj;Jt kz;ly Muha;r;rp epiyak; Fatu;ghisak;> GJr;Nrhp- 605013.

सिद्ध क्षेत्रीय अनुसन्धान संस्थान (सी.सी.आर.एस., चेन्नई, आयुष मंत्रातय, भारत सरकार के अंतर्गत) चेल्ल पेरूमाल मंदिर गली, कुयवर पलायम, पुढ़च्चेरी – 605013.

SIDDHA REGIONAL RESEARCH INSTITUTE

(Under C.C.R.S., Chennai, Ministry of AYUSH, Government of India) Chellaperumal Street, Kuyavarpalayam, Puducherry – 605013. Phone: 0413 – 2245072, 2244042.

Application for the Post of Research Associate (Siddha) - I

Nan	Name of the Project:						
In- 1	process Standardization of Velvanga Parpam (V	VP) – a classical	Affix a recent				
Sidd	ha drug and a Pilot study to evaluate its Safety	and Therapeutic	Passport				
effic	acy in Madhumagam (Type II Diabetes Mellitu	s)	size color photograph				
			L8				
1.	Name in full (in CAPITAL letters) (Enter the						
	name as given in Matric/SSLC certificate. If						
	there is any change in the name, including						
	initials, attach documentary proof)						
2.	Father / Spouse Name						
3.	Gender						
4.	Age & Date of birth (as entered in						
	Matric/SSLC/HSC):						
5.	Whether belongs to SC/ST/OBC/UR						
	(Enclose a copy of the certificate from the						
Competent Authority, if applicable)							
6.	Are you a physically challenged person?						
	If Yes, Please specify:						

7.	Address	in CAPITAL 1	etter with PIN code			
	Permaner	nt:				
	Correspo	ndence:				
8.	E-mail Id	·				
0.	L-man ic	-man id.				
9.	Mobile/landline phone No:					
10. 1	Educationa	l Qualification	ns: (Attach self – atteste	d copies of re	elevant documents)	
Exa	mination	Name of	Name of the Board	Grade	Subject(s)	Distinction,
F	Passed the Degree/ /University Division Diploma		obtained	(major) / Specialization	if any	
	10 th					

Examination Passed	Name of the Degree/ Diploma	Name of the Board /University Division	Grade obtained	Subject(s) (major) / Specialization	Distinction, if any
10 th					
10+2 or equivalent					
BSMS					
MD(S)					
Any other qualifications					

11. Experience: (Attach self-attested copies of relevant documents)

Post	Name of the	Duration	Scale of Pay/	Nature	Reasons
Held	Institution/Organization	FromTo	Consolidated	of	for
			Pay/	duties	quitting
			Remuneration		the
					service

12. Details of previous	working Experience	ce (if any): (Attach se	eparate sheet, if sp	ace is not
enough)				

S.No	Title of the project	Duration	Outcome

13. Publications if any, (Attach copies as PDF)

S.No.	Author	Title	Journal Name	Year	Indexed / Non- Indexed	Impact factor	ISSN No.

- 14. Any computer knowledge & skill and internet applications. (Give details)
- 15. Other information, if any: (Enclose separate sheet, if required)

N.B: Please attach separate sheets, wherever required.

DECLARATION

I declare that all the information provided in the application are true, complete and correct to the best of my knowledge and belief. I also fully understand that if at any stage later, it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment is liable for termination.

Place:	
Date:	Signature of the Applicant