



## சீதா சித் த மருத்துவ மைய ஆராய்ச்சி நிறையம்

(மத்திய சீதா சித் த மருத்துவ ஆராய்ச்சிக் குழுமம், ஆயுஷ் அமைச்சகம், இந்திய அரசு)

### सिद्ध केंद्रीय अनुसंधान संस्थान

(सी.सी.आर.एस., चेन्नई, आयुष मंत्रालय, भारत सरकार), अण्णा सरकारी अस्पताल परिसर, अरुम्बावकम, चेन्नई - 600106

### SIDDHA CENTRAL RESEARCH INSTITUTE

(Central Council for Research in Siddha, Chennai, Ministry of AYUSH, Government of India)  
Anna Govt. Hospital Campus, Arumbakkam, Chennai – 600106, E-mail: crisiddha@gmail.com  
Phone: 044-26214925, 26214809, Web: http://crisiddha.tn.nic.in

### Application for the post of JRF(Pharmacology)

**Project Name: “Hepatoprotective activity of *Flueggea virosa* against D-Galactosamine induced liver damage in rats”**

Affix a recent  
Passport  
size color  
Photograph

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's/Husband's name	
3	Whether belongs to SC/ST/OBC/UR (Enclose a copy of the certificate from the Competent Authority, if applicable)	
4	Are you a physically handicapped person?	
5	Address in CAPITAL letter with PIN code Permanent:  Correspondence:	
6	E-mail Id:	
7	Mobile/landline phone No.:	
8	Date of birth (as entered in Matric/SSLC/HSC):	

9. Educational Qualifications: (Attach self – attested copies of relevant documents)

Examination Passed	Name of the Degree/ Diploma	Name of the Board/ University	Division/ Grade/ Marks obtained	Subject(s) (major) / Specialization	Distinction, if any
10th					
10+2 or equivalent					
Bachelor's degree					
Master's degree					
Ph.D.					
Any other qualifications					

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

Post Held	Name of the Institution/Organization	Duration From.....To.....	Scale of Pay	Nature of duties	Reasons for quitting the service

11. Other information, if any: (Enclose separate sheet, if 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, it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

Place:  
Date:

Signature of the Applicant