



சித்த மருத்துவ மூலிகைத் தோட்டம்

(மத்திய சித்த மருத்துவ ஆராய்ச்சிக் குழுமம்)

(ஆயுஷ் அமைச்சகம், இந்திய அரசு.)

सिद्ध औषधीय पादप उद्यान, कावेरी नगर, मेट्टूर बांध

SIDDHA MEDICINAL PLANTS GARDEN

(Central Council for Research in Siddha),

Ministry of AYUSH, Govt. of India,

No. 17, SDO Quarters, Opp. Ulavar Santhai, Cauvery Nagar, Mettur Dam, Tamilnadu-636 401

Phone No. 04298 – 243 773 E-mail:smpgmettur@gmail.com

Application for the post of Research Associate (Botany)

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Photo here

1.	Name in CAPITAL letters(Enter as given in Matric/SSLC Certificate, if there is any change in the name, Including initial, 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

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

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

Sl. No.	Post held	Name of Institute/ Organization	Duration (From... to....)	Scale of Pay	Nature of duties

11. Publication Details (Book/Journals) if any? (Attach relevant copies)

Authors	Article/ book chapter	Journal/Book Name	Year	Volume	Issue	Pages

12. Other information if any: (Enclose relevant copies)

DECLARATION

I.....declare that all the information provided in the application is 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 summary rejected or employment terminated.

Signature of the Applicant

Place:

Date: