



**சித்த மருத்துவ மைய ஆராய்ச்சி நிலையம்**

(மத்திய சித்த மருத்துவ ஆராய்ச்சிக் குழுமம், ஆயுஷ் அமைச்சகம், இந்திய அரசு)

**सिद्ध केंद्रीय अनुसन्धान 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 Sociologist**

Project “An open randomized Double Arm Clinical Trial to Evaluate and Compare the Efficacy of Siddha Herbal Formulations ‘ Venpoosani Nei’ (Internal) versus ‘ Venpoosani Nei with Thiripala Chooranam Wash (External) in ‘ Vellai Noi”

Recent  
Passport Size  
photo

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.	Gender											
3.	Father's/Husband's name											
4.	Date of birth (as entered in Matric/SSLC/HSC) & Age as on closing date for receipt of application	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> ____ Years ____ Months ____ Days										
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?	Yes/ No										
7.	Address in CAPITAL letter with PIN code Permanent:  Correspondence:											
8.	E-mail Id: (Mandatory)											
9.	Mobile/landline phone No.:											

10) Educational Qualifications

No	Exam Passed	Board/ University	Years of Passing	% of Marks

11) Experiences

Sl. No	Name of the Institution	Name of employment *	Date of Joining	Date of leaving	Yrs	Months	Days
Total							

\*Provide certificate of proof in support of your claim

12) Any Other information – (Attach separate sheet, if space is not enough)

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

Date:

Signature & Name of the Candidate