



சித்த மருத்துவ மைய ஆராய்ச்சி நிலையம்

(மத்திய சித்த மருத்துவ ஆராய்ச்சிக் குழுவும், 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 Therapist (Siddha)

Project -“A single center randomized parallel group clinical trial to compare the efficacy of Siddha Varmam Therapy and Thailam Application (SVT) versus Thailam Application (TA) in terms of pain and disability in the treatment of Kumbavatham (Adhesive capsulitis)”

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