

**Annexure**



**केंद्रीय सिद्ध अनुसन्धान परिषद्**

आयुष मंत्रालय, भारत सरकार

सिद्ध केंद्रीय अनुसन्धान संस्थान भवन, अण्णा सरकारी अस्पताल परिसर, अरुम्बाक्कम, चेन्नई – 600106

CENTRAL COUNCIL FOR RESEARCH IN SIDDHA

Ministry of AYUSH, Govt. of India

SCRI Building, Anna Govt. Hospital Campus, Arumbakkam, Chennai – 600106

Phone: 2621 1621, 2621 2421 Fax: 044-2621 1621

www.siddhacouncil.com, www.siddharesearchcouncil.org, Email: ccrschennai@gmail.com

**Application Form**

Name of the post:

Advertisement No. : 2/2021

Affix one  
passport size  
colour  
photograph

1. Name in full :  
(in CAPITAL letters)  
(as entered in 10<sup>th</sup> /12<sup>th</sup> Class certificate)

2. Father's/Husband's name :

3. Whether 'Person with disabilities' or not :  
(In support, please enclose a certificate  
From Authorized Issuing Officer)

4. Address in CAPITAL letter with PIN code:

Permanent :

Correspondence :

5. E-mail Id (in CAPITAL letters) :

6. Mobile No. :

7. Date of birth :

8. Age as on 28.09.2021 :

9. Educational Qualifications :

(Attach self-attested copies of relevant documents)

Examination	Name of the Degree/ Diploma	Name of the Board/ University	Division/ grade obtained	Subject(s) (major)/ Specialisation	Distinction, if any
+2 or equivalent					
Bachelor's degree					
Master's degree					
Doctorate					
Any other					

10. Experience (starting from the present position):

(Attach self-attested copies of relevant documents)

(If required attach additional sheets)

Post held	Name of the Institution/ Organisation	Duration From.....To.....	Actual duration (years & months)	Scale of pay	Nature of duties

Total Experience: (a) Teaching – Years \_\_\_\_\_ Months \_\_\_\_\_  
 (b) Research- Years \_\_\_\_\_ Months \_\_\_\_\_  
 (c) Others - Years \_\_\_\_\_ Months \_\_\_\_\_  
 (Specify)

## 11. Research:

### (a) Research projects

S. No.	Title of the Project(s)	Period(from—to)/ No. of years	Budget	Funding agency	PI of Co-PI (Status)	Status of Project – completed/ongoing

### (b) Patent/Innovation/Technology developed/commercialized:

### (c) Areas of Specialization:

## 12. Scientific Publications (published or accepted)

### a) Research papers and Reviews (published in peer review & indexed journals only)

S No.	Author	Title	Journal with year, volume & page No.	Index (ISSN)	Impact factor of Journal	Citation

### b) Books/Manual/Monograph/Research Bulletins/Extension Bulletins/Chapters in Scientific Books, Training/Teaching Manuals

S.No	Authors/Co-Author	Title	Publisher/Journal with page number	Year

13. Conference/Workshop:

Attended: (a) National :

(b)International:

Paper presented: (a) National :

(b)International:

14. Particulars of registration :

Registration No.	Date of registration	Authority with whom registered	Validity date

15. Particulars of fees paid:

(DD in original should be enclosed)

Name of the Bank and branch	DD No. and date	Amount

16. 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 will be summarily rejected or employment terminated.

Place:

Signature of the Applicant

Date:

### **Remarks of the present employer**

Certified that the information furnished by Dr \_\_\_\_\_ in his/her application have been verified from the office records and is found to be correct. No vigilance/disciplinary case is pending or contemplated against him/her and he /she is clear from vigilance angle.

The Applicant is holding a permanent/temporary post of \_\_\_\_\_ in the scale of pay \_\_\_\_\_ from \_\_\_\_\_. His/her application is forwarded and he/she will be relieved in case he/she is selected for the post applied for.

Signature  
Designation of the Competent Authority  
(with official seal)

Place:

Date: