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|  | **സിദ്ധ പ്രാദേശിക ഗവേഷണ സ്ഥാപനം**  (സി.സി.ആർ.എസ്സ്. ചെന്നൈ, ആയുഷ് മന്ത്രാലയം, ഭാരത സർക്കാർ)  പൂജപ്പുര, തിരുവനന്തപുരം  सिद्ध क्षेत्रीय अनुसन्धान संस्थान  (सी.सी.आर.एस., चेन्नई, आयुष मंत्रालय, भारत सरकार के अंतर्गत)  पूजप्पुरा, तिरुवनंतपुरम - 695012, केरल  **SIDDHA REGIONAL RESEARCH INSTITUTE**  (Under C.C.R.S., Chennai, Ministry of AYUSH, Govt. of India)  Poojappura, Thiruvananthapuram - 695 012, Kerala  E-mail: srritvm10@gmail.com Phone: 0471-2341832 |
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**Application for the post of Research Associate (Siddha)/** **Senior Research Fellow(Chemistry)/** **Senior Research Fellow(Botany)**

Affix a recent Passport size color photograph

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| 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 challenged 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): |  |

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

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

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

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| --- | --- | --- | --- | --- | --- |
| Post Held | Name of the Institution/Organization | Duration From………To…………. | Scale of Pay | Nature of duties | Reasons for quitting the service |
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11. Publication Details: (Preferably related to Pharmacopoeial standardisation

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12. Work/project related to Pharmacopoeial standardisation (Give details)

13. Any computer knowledge & skill and internet applications. (Give details)

14. 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