



സിദ്ധ പ്രാദേശിക ഗവേഷണ സ്ഥാപനം
(സി.സി.ആർ.ഐസ്സ്., ചെന്നൈ, ആയുഷ് മന്ത്രാലയം, ഭാരത സർക്കാർ)
പൂജപ്പുര, തിരുവനന്തപുരം - 695012, കേരളം

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: srritm10@gmail.com Phone: 0471-2341832

Application for the post of Research Associate (Siddha)

Project: "A randomized Control Trial to compare Amukkara Choornam, Varmam Therapy and Amukkara Chooranam plus Varmam Therapy in the Management of Insomnia (Urakkaminmai)"

Affix a recent
Passport size
color
photograph

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	Date of Birth (As per SSLC)	
4	Whether belongs to SC/ST/OBC/UR (Enclose a copy of the certificate from the Competent Authority, if applicable)	
5	Are you a physically challenged person?	
6	Address in CAPITAL letter with PIN code Permanent: Correspondence:	
7	E-mail Id:	
8	Mobile/landline phone No.:	

P.T.O

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

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)

Post Held	Name of the Institution/Organization	Duration From.....To.....	Scale of Pay	Nature of duties	Reasons for quitting the service

11. Details of Registration:

Reg.No.	Date	Authority with whom registered	Valid upto

12. Publication Details: (Enclose separate sheet, if required)

--	--	--	--	--	--

13. Work/project related to Varmam therapy (Give details)

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

15. 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