



சீத்த மருத்துவ ஆராய்ச்சி பீரீவு

(மத்திய சீத்த மருத்துவ ஆராய்ச்சிக் குழுமம் ஆயுஷ் அமைச்சகம் இந்திய அரசு)

सिद्ध नैदानिक अनुसंधान एकक, पलायमकोट्टै, तिरुनेलवेली -2

(सी. सी. आर. एस ,चेन्नई ,आयुष मंत्रालय, भारत सरकार , सिद्ध मेडिकल कॉलेज कैंपस, तिरुनेलवेली -2)

SIDDHA CLINICAL RESEARCH UNIT

(Central Council for Research in Siddha, Ministry of AYUSH, Govt. of India)

Govt. Siddha Medical College Campus, PALAYAMKOTTAI, Tirunelveli – 627 002,

Phone: 0462 - 2573736, Email: crusiddha.palay@gmail.com

Application for the post of Research Associate(Siddha)

An Open Non Randomized Single Arm Clinical Trial To Evaluate The Efficacy Of Nannari Manapagu In Neer Surukku(Urinary Tract Infections)

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	Whether belongs to SC/ST/OBC/UR (Enclose a copy of the certificate from the Competent Authority, if applicable)	
4	Are you a physically handicapped 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 Matriculation/SSLC/HSC):	

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

Examination Passed	Name of the Degree	Name of the Board /University Division	Grade obtained	Subject(s) (major) / Specialization	Distinction, if any
10 th					
10+2 or equivalent					
Bachelor's degree					
Master's degree					
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 (Books/ Journals) :- (Attach relevant copies)

Authors	Journal	Year	Volume	Issue	Pages

13. Work/project related to Urinary tract infections (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