



சித்த மருத்துவ மைய ஆராய்ச்சி நிலையம்

(மத்திய சித்த மருத்துவ ஆராய்ச்சிக் குழுமம், 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

## VACANCY NOTIFICATION

**Last date of submission of application: 05.03.2025 up to 5:00 PM.**

**Mode of receipt of application: Through email (Application form alongwith all supporting documents).**

**Email . ID: [crisiddha@gmail.com](mailto:crisiddha@gmail.com)**

**Place of Posting: SCRI, Chennai**

### Junior Research Fellow (Siddha) (Female)

**No. of Post** : One (Female)

**Name of Project** : “An open randomized Double Arm Clinical Trial to Evaluate and Compare the Efficacy of Siddha Herbal Formulations ‘ Venpoosani Nei’ (Internal) versus ‘ Venpoosani Nei(Internal) with Thiripala Chooranam Wash (External) in ‘ Vellai Noi’’ for female patients attending SCRI-OPD-Chennai”

**Qualification** : BSMS or BSMS with M.Sc., Epidemiology, from a CCIM recognized Institution and Enrolment in the Central/ State Register of Indian Medicine/Siddha

**Desirable** : 1. Working knowledge of Survey  
2. Working knowledge of Computer applications such as MS Word, Excel  
3. One -year previous experience in field work

**Age** : Maximum 28 years. The age limit of the candidate will be determined on the closing date for receipt of application. Relaxable in case of SC/ST- 5 years, OBC- 3 years as per Govt, of India rules.

**Fellowship** : Rs.31,000/- + HRA as applicable( per month )

**Period** : 7 months and 7 days

### **How to Apply:**

Filled Application form along with supporting documents should be submitted through online to email id crisiddha@gmail.com on or before closing date 05.03.2025 up to 05:00 p.m.

**Instructions to the candidates:**

- 1) The application should be in the prescribed format.
- 2) Candidates should enclose photocopies of educational qualification and experience and other testimonials duly self – attested along with filled application in JPEG/PDF format.
- 3) The crucial date for determining the age limit shall be the closing date for receipt of application.
- 4) Experience certificate should clearly state the nature of work done during the period of employment.
- 5) All posts are contractual for the duration offered. The appointment may be renewed after every specific period of time subject to satisfactory performance and project requirement.
- 6) The incumbents selected will have no claim for regular appointments under SCRI / CCRS or continuation of his/her services in any other project.
- 7) Candidates are advised to check CCRS/ SCRI website regularly for further information, changes, which will be updated from time to time.
- 8) Date, Time and place/mode of interview will be intimated by email separately to the eligible candidates.
- 9) Incomplete applications without relevant enclosures will be out rightly rejected.

**Assistant Director (Siddha), Sci-IV& I/c**

சித்த மருத்துவ மைய ஆராய்ச்சி நிலையம், அரும்பாக்கம், சென்னை -600 106.

सिद्ध केंद्रीय अनुसंधान संस्थान, अरुम्बाक्कम, चेन्नै-600 106.

Siddha Central Research Institute

Arignar Anna Govt. Hospital Campus, Arumbakkam, Chennai-600 106.

(Central Council for Research in Siddha, Ministry of Ayush, Government of India)

**Application for the Post of JRF(Siddha)(Female)**

Project Name: “An open randomized Double Arm Clinical Trial to Evaluate and Compare the Efficacy of Siddha Herbal Formulations ‘ Venpoosani Nei’ (Internal) versus ‘ Venpoosani Nei(Internal) with Thiripala Chooranam Wash (External) in ‘ Vellai Noi’” for female patients attending SCRI-OPD- Chennai”

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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.	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