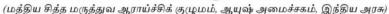
சித்த மருத்துவ மைய ஆராய்ச்சி நிலையம்



सिद्ध केंद्रीय अनुसन्धान संस्थान

(सी.सी.आर.एस., चेन्नई, आयुष मंत्रालय, भारत सरकार), अण्णा सरकारी अस्पताल परिसर, अरम्बाक्कम, चेन्नई - ६००१०६

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

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 अन्संधान 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 J.	RF(Siddha)(Female)
Com	ect Name: "An open randomized Double Arm Clin pare the Efficacy of Siddha Herbal Formulations" as 'Venpoosani Nei(Internal) with Thiripala Choor ii Noi" for female patients attending SCRI-OPD- Cl	Venpoosani Nei' (Internal) anam Wash (External) in '
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	YearsMonthsDays
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
110	mstrution	employment	Johning	icaving			
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.

\mathbf{p}	ace.	٠
1	iact.	

Date:

Signature & Name of the Candidate