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क्षेत्रीय यूनानी चिकित्सा अनुसंधान संस्थान, कोलकाता

**Regional Research Institute of
Unani Medicine, Kolkata**

علاقائی ادارہ برائے تحقیقات طب
یونانی، کولکاتا

(CCRUM, Ministry of AYUSH, Govt. of India)

WALK-IN INTERVIEW

Regional Research Institute of Unani Medicine, Kolkata invites eligible candidates for Walk-in-Interview for the following contractual post to be held in the Office Chamber of Deputy Director of the Institute at 250A/29,

G. T. Road, Liluah, Howra-711204 on 11th July 2023 at 10:30 AM sharp.

S. no.	Details	Junior ResearchFellow (JRF)
1.	Name of Post	JRF(Unani)
2.	No. of Post	02(Two) one for RRIUM, Kolkata & one for RRIUM Bhadrak.
3.	Age	Not exceeding 35 years
4.	Tenure	Initially for 6 months on Contract basis & can be extended based on performance
5.	Consolidated Pay	Rs.31,000/- plus HRA
6.	Place of Posting	1. Regional Research Institute of Unani Medicine, 250A/29, G. T. Road, Liluah, Howrah. 2. Regional Research Institute of Unani Medicine, Bhadrak, Odisha
7.	Educational qualifications	Essential Qualification 1. BUMS from a recognized Statutory Board/University included in the 2 nd schedule of the IMCC act 1970 2. Enrolment in the Central Register or State register of AYUSH. Desirable Previous experience in Pharmacovigilance

The terms and conditions and other information can be had from Office of Regional Research Institute of Unani Medicine, First floor 250A/29, G. T. Road, Liluah, Howrah-711204 or can be downloaded from the website of the Council at <<ccrum.res.in>>

**Deputy Director & Head,
RRIUM, Kolkata.
033-26550108/9419086700**

Terms & Conditions

1. The eligibility of the candidates will be determined as on the date of advertisement
2. The interview will be held on **11th July 2023 at 10.00AM** in the office chambers of **Deputy Director, Regional Research Institute of Unani Medicine, 250A/29, G. T. Road, Liluah, Howrah-711204.**
3. The place of posting will be at Regional Research Institute of Unani Medicine, 250A/29, G. T. Road, Liluah, Howrah-711204 and Regional Research Institute of Unani Medicine, Bhadrak, Odisha.
4. The engagement shall be initially for a period of six months and may be extended by the competent authority based on performance.
5. Eligible applicants should come with the curriculum vitae in the prescribed format. Download application form from ccrum.res.in they should also bring original education/professional qualification certificate/experience certificate(s) along with a set of self attested Xerox copies and two recent passport size photographs.
6. Candidates already in-service shall also bring a “No Objection Certificate” from their employer.
7. Candidates who fulfill the above requirements may report for interview **on 11th July 2023 at 10.00 AM** at office of **Deputy Director, Regional Research Institute of Unani Medicine, 250A/29, G. T. Road, Liluah, Howrah-711204.**
8. No TA/DA will be paid. The authority reserves the right to accept or reject the candidature without assigning reason thereof. Canvassing in any form will render the candidate is qualified.
9. Interested candidates may also in their own interest, ensure that they fulfill the eligibility conditions. Ineligible candidates will not be allowed to appear for the interview. Verification of documents /certificates will be done before the interview.
10. The competent authority reserves the right to postpone/cancel the recruitment exercise at any stage.
11. The selected candidate shall have no claim for appointment on regular basis by virtue of their being engaged on contractual basis.
12. Candidates are requested to see Council website: ccrum.res.in on regular basis for any announcement in this regard.

-SD-

(Dr. Younis I. Munshi)
Deputy Director & Head,
RRIUM, Kolkata

REGIONAL RESEARCH INSTITUTE OF UNANI MEDICINE, KOLKATA

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

250A/29, First Floor, G. T. Road(N), Liluah, Howrah

Telephone :033-26550108 E-mail: kolrrium@gmail.com

APPLICATION FOR THE POST OF:

1. Candidate's Full Name : _____
(In block letters)
2. Father's Name : _____
3. Address : _____
 - (i) Postal Address : _____
 - (ii) Permanent Address : _____
 - (iii) E-mail address : _____
 - (iv) Telephone/ Mobile No. : _____

Paste your photo
here

4. a) Date of birth :

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5. (Based on matriculation of school leaving certificate. An attested copy of certificate must be attached)
b) Age as on the last date of receipt of application

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5. Place of Birth and State in which it is : _____
6. Nationality : _____
7. Caste : State whether SC/ST/OBC
8. a) Father's nationality : _____
b) Profession : _____
c) Name of the State to which the Candidate's father belong or belonged : _____
9. a) Candidate's mother tongue : _____
b) Other Indian and foreign languages, if any, he/she known. Give full particulars and state the examination passed.
If any, each. _____

Language	Read Only	Speak only	Read & Speak	Read, write & speak	Examination passed.

10. Examination passed:

Examination passed	Name of the School/Collage	University or Board	Year	Percentage of marks	Subjects	Distinction

11. Appointment so far held:

S. No.	Name of the post with full address of the employers	Date of joining	Date of leaving	Nature of duties performed during the service	Scale of pay and basis pay drawn	Reason for leaving

12. If candidate has been outside India, the following particulars should be given:

Country visited	Date of visit	Duration of visit	Purpose of visit

13. Any other relevant to the qualifications for the post applied for done since leaving collages with dates

14. a) are you free from debt? : _____

(Answers 'Yes or 'No')

a) If you are under liability to reply : _____

Money advanced by any purpose,

State the particulars:

b) If the answer to (a) is 'No' : _____

Answer (b) clearly

15. Name, Addresses and professions of two referees, who should be responsible persons, not related to the candidate but well acquainted with him in private life, and not connected with his school or college.

S. No.	Name of referees	Address	Period for which he was known to the candidate
1.			
2.			

16. Details of enclosures:

- | | |
|----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

17. Addition information if any:

DECLARATION

I declare that all statement recoded in the application form are true to the best of my knowledge and belief.

Signature of the candidate in full _____

Present address for correspondence _____

Place:

Date:

If employed, remarks of the forwarding authority:

Signature

Name

Designation

Place:

Date:

Note: Application not signed by the candidate is liable to rejection.