



क्षेत्रीय यूनानी चिकित्सा अनुसंधान संस्थान

(केन्द्रीय यूनानी चिकित्सा अनुसंधान परिषद, आयुष मंत्रालय, भारत सरकार)

**REGIONAL RESEARCH INSTITUTE
OF UNANI MEDICINE**

عِلَاقَائِي تَحْقِيقَاتِي اِدَارَةُ طِبِّ يُونَانِي

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE, MINISTRY OF AYUSH, GOVT. OF INDIA

Advertisement No. 1/2023

WALK IN INTERVIEW

Eligible candidates are invited for a Walk in Interview for engagement on purely contractual basis for Peripheral Pharmacovigilance Centre (PPvC) at Regional Research Institute of Unani Medicine, New Delhi, D-11, Abul Fazal Enclave, Jamia Nagar, Okhla, New Delhi -110025 on the date and time indicated below with filled-in application form.

Walk in Interview on 29-05-2023 at 10.00. A.M.		
1.	Name of Post	Junior Research Fellow (JRF)
2.	No. of Post	01
3.	Age	Not exceeding 35 years
4.	Tenure	Initially for a period of six months
5.	Consolidated Pay	Rs. 31,000 + HRA/ Month (1 st , 2 nd & 3 rd year)
6.	Place of Posting	Regional Research Institute of Unani Medicine, New Delhi-110025
7.	Educational Qualifications	(i) Degree Qualification in Unani. (ii) Medical Enrolment on the Central or State Register of AYUSH Board.

Note: For details & Application log on: ccrum.res.in.

(Dr. Rahat Raza)
Deputy Director Incharge

GENERAL CONDITIONS

1. The eligibility of the Candidates will be determined as on the date of Advertisement.
2. The engagement shall be initially for a period of six months and may be extended by the competent Authority based on performance.
3. Eligible applicant should come with the curriculum vitae in the prescribed format. Download application from ccrum.res.in they should also bring original educational/professional qualification certificate/experience certificate(s) along with a set of self attested Xerox copies and two recent passport size photographs.
4. Candidates already in service shall also bring a "No Objection Certificate" from their employer.
5. No TA/DA will be paid. The authority reserves the right to accept or reject the candidature without assigning any reason thereof. Canvassing in any form will render the candidate disqualified.
6. Interested candidates may also in their own interest, ensure that they fulfil the eligibility conditions. Ineligible candidates will not be allowed to appear for the interview. Verification of documents /certificates will be done before the interview.
7. The competent authority reserves the right to postpone/cancel the recruitment exercise at any stage.
8. Six days in week work schedule will be applicable.
9. Tax deduction at source: the Income Tax or any Tax liable to be deducted as per the prevalent rules.
10. His/her appointment on contract basis will not confer any claim for further appointment or regularization to any post in the Institute.
11. He/she shall not utilize/publish/disclose any part of the data or statistics or proceeding or information collected for the purpose of this assignment to any third party without the consent of the Organization.
12. He/she shall be bound to handover entire records of assignment to the Institute before expiry of contract.
13. Shall be eligible for 12 days leave in a calendar year (with prior permission) besides Govt. Holidays on pro-rata basis and thereafter remuneration would be deducted on pro-rata basis. Un-availed leave in a calendar year can not be encashed or carried forward to the next year.
14. The assignment is on a full time basis and he/she has to ensure to attend the office on all working days and on holidays, if required on account of exigencies of work for which no additional remuneration will be paid.
15. The appointee is required to perform the duties and responsibilities expected from the authority and to perform all the duties assigned to him/her at regular intervals.
16. Candidates are requested to see Council website <<ccrum.res.in>> on regular basis for any announcement in this regard.

Regional Research Institute of Unani Medicine, New Delhi,

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. Attested copy of Certificate must be attached) :

- (b) Age as on the last date of receipt of application

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6. Place of Birth and State in which it is : _____
7. Nationality : _____
8. Caste : _____
9. a) Father's Nationality : _____
b) Profession : _____
c) Name of the State to which the
Candidate's father belong or belonged : _____
10. 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

11. Examination Passed:

Examination Passed	Name of the School/College	University or Board	Year	% age of marks	Subjects	Distinction

12. 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 basic pay drawn	Reason for leaving

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

Country visited	Date of visit	Duration of visit	Purpose of visit

14. Any other relevant to the qualifications for the post applied for done since leaving colleges with dates

15. a) are you free from debt?

(Answers 'Yes or 'No')

b) If you are under liability reply

Money advanced by any purpose,
State the particulars

c) If the answer to (a) is 'No'

Answer (b) clearly.

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16. Name, Addresses and Professions of two referees, who should be responsible persons, not related to the candidate but will acquainted with him/her 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.			

17. Details of enclosures:

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

18. Additional 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.