

General Conditions

1. The eligibility of the candidate will be determined as on the date of advertisement.
2. The Interview will be held on **March 26, 2025 at 11.00 AM** in the Office premises of **Research Officer Incharge, Regional Research Centre (Unani) Prayagraj, B-501/4, Kareli, GTB Nagar, Prayagraj (U.P) 211 016**
3. The place of posting will be at Prayagraj (Uttar Pradesh)
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 be come with curriculum viate in the prescribed format. Download application form from ccrum.res.in , they should also bring original education qualification certificate / experience certificate(s) along with a set of self attested Xerox and two recent passport size photographs
6. Candidates in service shall also bring a "No Objection Certificate" from their employer.
7. Candidates who fulfill the above requirements may report for interview on **March 26, 2025 at 11.00 AM** at the **Office of Research Officer Incharge, Regional Research Centre (Unani) Prayagraj, B-501/4, Kareli, GTB Nagar, Prayagraj (U.P) 211 016**
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 disqualified.
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 will be done before the interview.
10. The competent authority reserves the right to postpone / cancel the recruitment exercise at any stage.
11. The engagement is purely contractual and need based and it will confer no right of the candidate for claiming absorption in the Council.


(Dr. Ashok Kumar)
Research Officer Incharge



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

61-65, Institutional Area, Opp-D Block, Janakpuri, Delhi-110058

(Ministry of AYUSH, Govt. of India)

Advertisement No. _____/2024-25 Dated: ___/___/___
APPLICATION FOR THE POST OF:

1. Candidate's Name in full : _____
(IN BLOCK LETTERS)

2. Father's Name in full : _____

3. Address
(i) Postal address : _____

(ii) Permanent address : _____

(iii) E-mail address : _____

(iv) Telephone/Mobile No. : _____



4. a) Date of birth
[][][][][][][][][]

(Based on Matriculation or school Leaving Certificate. An attested copy of the certificate must be attached)

b) Age as on the last date of receipt of application [][]

5. Place of Birth and State in which it is situated : _____

6. Nationality : _____
State either by the birth or by Domicile : _____

7. Caste : State whether SC/ST/OBC
(An attested copy of the certificate must be attached)

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 language , : _____
if any, he/she can speak, read and write fluently. 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/College	University or Board	Year	%age 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 work relevant to the qualifications for the post applied for done since leaving colleges with dates

14. 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.			

15. Details of enclosures:

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

16. Additional information if any:

DECLARATION

I declare that all statement recorded 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.