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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)

First Floor, 250A/29, G. T. Road (North) Near Jaiswal Hospital, Liluah, Howrah - 711204

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 Research Officer In-charge of the Institute at 250A/29, G. T. Road, Liluah, Howrah-711204 on 24th March, 2025 at 11 AM. sharp.

Sr. No.	Details	Junior Research Fellow (JRF)
01	Name of Post	JRF(Unani)
02	No. of Post	01 (One)
03	Age	Not exceeding 35 years
04	Tenure	Initially for 6 months on Contract basis & can be extended based on performance.
05	Consolidated Pay	Rs.37,000/- plus HRA.
06	Place of Posting	Regional Research Institute of Unani Medicine, Bhadrak Odisha
07	Educational qualifications	1. BUMS from a recognized Statutory Board/University including in 2nd Schedule of the IMCC Act-1970. 2. Enrollment on the Central Register or State register of AYUSH.

The terms and conditions and other information can be obtained 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>>

Research Officer In-charge, RRIUM, Kolkata
033-26550108/9101317733

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)
 6. 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 : _____
 8. b) Profession : _____
 8. c) Name of the State to which the Candidate's father belong or belonged : _____
 9. a) Candidate's mother tongue : _____
 9. 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	%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 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 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.