

CENTRAL RESEARCH INSTITUTE OF UNANI MEDICINE

(Under CCRUM, New Delhi, Ministry of AYUSH, Govt. of India)

LUCKNOW

Advertisement No. 01/2017

Applications on prescribed form are invited for engagement on the following posts on purely contractual basis for collaborative National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in District Lakhimpur – Kheri, Uttar Pradesh and Swasthya Rakshan Parikshan Programme (SRPP) at Lucknow. Application may be submitted at the office of the Deputy Director, Central Research Institute of Unani Medicine (CRIUM), Vill.&Post-Basaha, Kursi Road, Lucknow-2260 26 (UP).

Under NPCDCS, Lakhimpur-Kheri

1.	Name of the Post	Research Associate (U)
2.	Number of Post	03
3.	Consolidated remuneration	Rs. 36,000/-p.m. + HRA
4.	Age	Upto 35 Years
5.	Place of Posting	Community Health Centres, Lakhimpur-Kheri District.
6.	Education and other qualification	<u>Essential:-</u> 1. Graduate in Unani Medicine from a recognized statutory Board/University included in the 2 nd Schedule of the CCIM Act-1970 and enrolment on the Central Register of CCIM or State Register of ISM. Candidates having higher qualification preferably in clinical subject will be preferred. Knowledge of English, Urdu, Arabic, Persian
7.	Tenure of Engagement	Upto 31-12-2017

1.	Name of the Post	Yoga Instructor/Therapist
2.	Number of Post	02
3.	Consolidated remuneration	Rs.27,000/-p.m.
4.	Age	Upto 35 years
5.	Place of Posting	Community Health Centres, Lakhimpur- Kheri District.
6.	Education and other qualification	<p>Essential:</p> <p>(1) A fulltime Regular Degree in Yoga/M.A.(Yoga)/M.Sc.(Yoga) from a recognised university.</p> <p>(2) Experience – Nil.</p> <p>Desirable:</p> <p>Working experience in Hospital/ Nursing Homes etc.</p> <p style="text-align: center;">OR</p> <p>Essential:</p> <p>(1) Any Degree with full time regular and one year Diploma in Yoga (after degree) from a recognised University or an Institute of repute.</p> <p>(2) One year professional experience</p> <p>(3) Desirable:</p> <p>Working experience in well established/reputed Yoga Therapy Centre/Hospital.</p>
7.	Tenure of Engagement	Upto 31-12-2017

1.	Name of the Post	Multitasking Staff (MTS)
2.	Number of Post	01
3.	Consolidated remuneration	Rs.13,000/-p.m.
4.	Age	Upto 25 years
5.	Place of Posting	Community Health Centre, Lakhimpur Kheri District.
6.	Education and other qualification	<p>Essential:-</p> <p>1. Matric or equivalent from a recognized Board/Institution</p> <p>2. One year experience of working in recognized Pharmacy</p>
7.	Tenure of Engagement	Upto 31-12-2017

Under SRPP, Lucknow

1.	Name of the Post	Data Entry Operator
2.	Number of Post	01
3.	Consolidated remuneration	Rs.16,000/-p.m.
4.	Age	Upto 28 years
5.	Place of Posting	CRIUM, Lucknow
6.	Education and other qualification	Essential:- 1. SSLC (10+2) from a recognized Board/Institution 2. Certificate in Computer Course. 3. Typing speed of 40 w.p.m. in English
7.	Tenure of Engagement	Upto 31-12-2017

Application form may be downloaded from the website of the Council (**ccrum.res.in**). Candidates applying for more than one post shall submit separate application for each post along with attested copies of the certificate and testimonials.

The Institute may evolve its own criteria to shortlist the candidates for interview. This may also include an objective type screening test if considered necessary. The Institute reserve the right to restrict the number of candidates to be called for interview. The number of post may vary.

Last date for receipt of the application (s) at office of the Deputy Director, CRIUM, Lucknow is **28-06-2017** on above noted address.

Application received late will not be entertained.

Date of interview/time & venue will be intimated through email/mobile phone only.


Deputy Director

CENTRAL RESEARCH INSTITUTE OF UNANI MEDICINE

(Central Council for Research in Unani Medicine, New Delhi, Ministry of AYUSH, Govt of India)
Vill. & Post: Basaha, Kursi Road, Lucknow –2260 26 (UP)

APPLICATION FOR THE POST OF: _____

Affix one
passport size
colour
photograph

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 (Mandatory) _____

(iv). Telephone/Mobile No. _____

4. a) Date of birth

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(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

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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/General

(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.

Read Only	Speak only	Read & speak	Read, write & speak	Examinations 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 basic 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. a) Are you free from debt?
(Answer 'yes' or 'no')

b) If you are under liability to reply
Money advanced by any purpose,
State the particulars:

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

15. Names address and profession 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 candidates
1.	_____	_____	_____
2.	_____	_____	_____

16. Details of enclosures:

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

17. 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.