



CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

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

(Ministry of Ayush, Government of India)

Eligible candidates are invited for Walk-in-Interview for the following contractual post on the date and time indicated below at Regional Research Institute of Unani Medicine, Veterinary Bazar, Ghunghoor, Silchar-788014, Cachar Assam. The selected candidate will be posted at Silchar region.

S.no	Name of the post	Eligibility Criteria
1.	Assistant Consultant (Admn)	Retired Officer from the level of GP of Rs. 4200/- or Rs. 4600/- in the Central Govt. of India/State Govt./attached & Subordinate Offices/PSUs/Autonomous Bodies of Govt. of India with adequate experience in Administrative/Establishment/Accounts/Budgets/Vigilance matters.
	Age	Not exceeding 64 years. The age ceiling for continuation of contract shall be 65 years as on the date of renewal of contract.
	No. of post	01 post
	Place of posting	RRIUM, Silchar
	Tenure	Initially for six months
	Consolidated Pay	<u>For retired officers from the GP of Rs.4600/-</u> Rs. 40,000/- pm <u>For retired officers from the GP of Rs.4200/-</u> Rs. 30,000/- pm
	Date & Reporting Time	27th Feb, 2025 at 09:30 A.M.

General Conditions:

1. The selection will be made for the Institute as indicated in the advertisement. Once posted, the candidate will not normally be transferred. However, the Council reserves the right to transfer candidate in any other Institutes/Units of the Council.
2. The eligibility of the candidates will be determined at the time of walk-in-interview.
3. The candidate should bring along the Pension Payment Order at the time of walk-in-interview.
4. The competent authority reserves the right to postpone/cancel the recruitment exercise at any stage.
5. Interested candidates may also, in their own interest, ensure that they fulfil the eligibility conditions.
6. Candidates are requested to see Council's website (<http://ccrum.res.in>) on regular basis for any announcement in this regard.
7. No TA/DA will be admissible for attending the walk-in-interview.

-Sd-
Assistant Director (Chem)



Central Council for Research in Unani Medicine

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(Ministry of Ayush, Govt. of India)

APPLICATION FOR THE POST OF:

Recent
Passport Size
Photograph

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

2. Father's Name in full

3. Address

(i) Postal Address

PIN Code:

(ii) Permanent Address

PIN Code:

(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)

D	D	M	M	Y	Y	Y	Y
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(b) Age as on the date of advertisement

_____(Years) _____(Months) _____(Days)

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

6. Marital Status

7. Nationality

State either by the birth or by Domicile

8. **Caste** (State whether SC/ST/OBC)

(An attested copy of the certificate must be attached)

9. a) Father's Nationality

b) Profession

c) Name of the State to which the Candidate's father belong or belonged

10. Candidate's mother tongue

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	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 work relevant to the qualifications for the post applied for done since leaving colleges with dates:

15. Name, 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 candidate
1.			
2.			

16. Details of enclosures.

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

17. Additional information, if any: _____

DECLARATION

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

Signature of the candidate in full _____

Address for correspondence _____

Place: _____

Date: ___/___/___

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