

क्षेत्रीय अनुसंधान केन्द्र(यूनानी), प्रयागराज (उ.प्र.)
अंतर्गत केन्द्रीय यूनानी चिकित्सा अनुसंधान परिषद, नई दिल्ली,
आयुष मंत्रालय, भारत सरकार

विज्ञापन सं. 01/2022-23

दिनांक 07.03.2023

Walk-in-Interview

उक्त केन्द्र को Mobile Healthcare Programme under Scheduled Caste Sub Plan (SCSP) को संचालित करने हेतु निम्नलिखित पद पर संविदा के आधार पर छः माह के लिए नियुक्ति हेतु दिनांक 10.03.2023 को प्रातः 11.00 बजे, क्षेत्रीय अनुसंधान केन्द्र (यूनानी) प्रयागराज, बी 501/4, जी.टी.बी. नगर, करैली, प्रयागराज (उ.प्र.) 211 016 में वाक इन इंटरव्यू का आयोजन किया जायेगा। इच्छुक उम्मीदवार अपना पूर्ण बायो डाटा, शैक्षणिक, तकनीकी योग्यता, आयु एवं अनुभव प्रमाणपत्र (मूलप्रति एवं स्वः हस्ताक्षरित छाया प्रति) वर्तमान पासपोर्ट आकार की दो रंगीन फोटो के साथ वयन समिति के सम्मुख उपस्थित हो सकते हैं।

पद की विस्तृत जानकारी निम्नलिखित है

क्रम सं.	पदनाम	पद	अधिकतम आयु	मानदेय
01	Research Associate (U)	01	40 वर्ष	₹ 47000/- + HRA (thereafter, increment @ 5 % per Annum for the subsequent years)
	SRF (U)		35 वर्ष	₹ 35000/- + HRA
	JRF (U)		35 वर्ष	₹ 31000/- + HRA

योग्यता : **R.A(U)** : Post Graduate Degree (M.D) in Unani system from a recognized Statutory Board/University, included in the 2nd Schedule of CCIM Act -1970 and enrolment on the Central Register of CCIM or State Register of AYUSH, **Desirable**: Original Research Publication, **SRF(U)** : Post Graduate Degree (M.D) / BUMS in Unani system from a recognized Statutory Board/University, included in the 2nd Schedule of CCIM Act -1970 and enrolment on the Central Register of CCIM or State Register of AYUSH, 02 (two years) experience as JRF (U).

JRF (U) : B.U.M.S from a recognized Statutory Board / University, included in the second schedule of CCIM, act 1970 (2), Enrolment on the Central Registrar of CCIM or State Registrar of AYUSH, **Application form** is available on <https://ecrum.res.in>

टिप्पणी : अघोहस्ताक्षरी को वाक-इन-इंटरव्यू में आये हुए अपूर्ण आवेदन एवं इंटरव्यू रद्द करने का पूर्ण अधिकार प्राप्त है। सम्मिलित होने वाले अभ्यर्थी को यात्रा भत्ता की सुविधा प्रदान नहीं की जायेगी।

आदेशानुसार
प्रभारी,

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

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

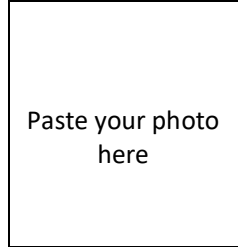
(Ministry of AYUSH, Govt. of India)

APPLICATION FOR THE POST OF:

1. Candidate's Name in full : _____
(INBLOCK 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

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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
(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. 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:
 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. 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.