மத்திய சித்த மருத்துவ ஆராய்ச்சிக் குழுமம்
(ஆயுஷ் அமைச்சகம், இந்திய அரசு)
ஜி.எஸ்.டி. சாலை, தாம்பரம் சானடோரியம், சென்னை - 600 047.
केंद्रीय सिद्ध अनुसंधान परिषद्
(आयुष मंत्रालय, भारत सरकार)
जी एस टी रोड, तांबरम सैनेटोरियम, चेन्नई - 600 047.
CENTRAL COUNCIL FOR RESEARCH IN SIDDHA
(Ministry of Ayush, Govt. of India)
GST Road, Tambaram Sanatorium, Chennai - 600 047.
Phone: 044-2621 2421, 2621 1621, e-mail: ccrs-ayush@gov.in, www.ccrs.ayush.gov.in

Advt. No.04/2026 **Annexure - I**

Application for the post of **Social Worker**

Affix one passport size colour photograph

1. Name in full :_____
(in CAPITAL letters)
(Enter the name as given in Matric/SSLC Certificate)

2. Father's / Husband's name :_____

3. Are you a PwD person? : Yes / No
(in support, please enclose the certificate from the Competent Authority)

4. Address (in CAPITAL letters) with PIN Code.

Permanent : _____

_____

_____

_____

Pin Code: | | | | | | |

Correspondence : _____

_____

_____

_____

Pin Code: | | | | | | |

5. Date of birth :
(Proof should be enclosed) | | | | | | | | |

6. Age as on **01.01.2026** : _____ Years, _____ Months, _____ Days.

7. E-mail ID (in CAPITAL letters) : _____

8. i) Mobile No. : | | | | | | | | | | |

ii) Alternate Mobile No. : | | | | | | | | | | |

iii) Land line Number, If any with STD number : _____

9. Educational Qualifications:

(Attach self-attested copies of relevant documents)

Examination	Name of the Degree	Name of the Board/ University	Division/ grade obtained	Subject(s) (major)/ Specialization	Year of passing
10+2 or Equivalent					
Bachelor's degree					
Master's degree					
Any other					

10. Details of Experience, if any:

(Attach self-attested copies of relevant documents)

Post held	Name of the Dept. / Institution / Organization	Duration		Total duration (years & months)	Scale of pay / Salary	Nature of duties
		From	To			

11. In case of serving employees:

a) Whether NOC from the employer enclosed.

b) Whether attested copies of the APARs for the last five years enclosed.

12. Particulars of fees paid :
(**DD in original** should be enclosed)

Name of the Bank and branch	DD No. & Date	Amount
		₹

13. Other information, if any :
(Enclose separate sheet, if required)

DECLARATION

I declare that all the information provided in the application is true, complete and correct to the best of my knowledge and belief. I also fully understand that if at any stage, it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

Place:

Date:

Signature of the Applicant
(Name in CAPITAL letters)

Remarks of the present Employer

(only in the case of employees serving in Central/State Govts./ PSUs/Autonomous bodies/Universities)

Certified that the information furnished by Shri/Kum/Smt._____ in his/her application has been verified from the office records and is found to be correct. No vigilance/disciplinary case is pending or contemplated against him/her and he/she is clear from vigilance angle.

The Applicant is holding a permanent/temporary post of _____ in the scale of pay _____ from _____ . His/her application is forwarded and this Organization does not have any objection in Shri/Kum/Smt._____ applying for the post.

Place:

Date:

Signature
Designation of the Competent Authority
(with official seal)