

Phone: 033-26550108 यूनानीचिकित्साअनुसंधान संस्थान, कोलकाता

Regional Research Institute of Unani Medicine, Kolkata

علاقائی ادارہ برائے تحقیقات طب يوناني،كولكا تا

(CCRUM, Ministry of AYUSH, Govt. of India)

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 Deputy Director of the Institute at 250A/29, G. T. Road, Liluah, Howra-711204 on 18th October, 2022 at 10:30 AM sharp.

Sl.	Details	Research	Senior Research Fellow	Junior Research
no.		Assistant (RA)	(SRF)	Fellow (JRF)
1.	Name of Post		RA / SRF / JRF(Unani)	
2.	No. of Post		01(One)	
3.	Age	Not exceeding	Not exceeding	Not exceeding
		40 years	35 years	35 years
4.	Tenure	Initially for 6 months on	Contract basis& can be extend	led based on performance
5.	Consolidated Pay	Rs.47,000/- plus HRA	Rs.35,000/- plus HRA	Rs.31,000/- plus HRA
6.	Place of Posting	Regional Research Institute	e of Unani Medicine, 250A/29,	G. T. Road, Liluah, Howrah.
7.		1. Postgraduate Degree in Unani system of Medicine from a recognized statutory board/University included in the 2 nd schedule of IMCC act 1970 2. Enrolment on the Central Register or State register of AYUSH	1.Postgraduate Degree in Unani system of Medicine from a recognized statutory board/University included in the 2nd schedule of CCIM act 1970 Or BUMS from a recognized Statutory Board/University included in the 2nd schedule of the IMCC act 1970 with 3 (Three) years experience as Junior Research Fellow. 2.Enrolment on the Central Register or State register of AYUSH.	Statutory Board/University included in the 2 nd schedule of the IMCC act1970 2. Enrolment on the Central Register or State register of AYUSH.

The terms and conditions and other information can be had 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 <<crum.res.in>>

> -SD-Deputy Director & Head, RRIUM, Kolkata. 033-26550108/9419086700

Terms & Conditions

- 1. The eligibility of the candidates will be determined as on the date of advertisement
- 2. The interview will be held on 18-10-2022 at 10.30AM in the office premises of Deputy Director, Regional Research Institute of Unani Medicine, 250A/29, G. T. Road, Liluah, Howrah-711204.
- 3. The place of posting will be at Regional Research Institute of Unani Medicine, 250A/29, G. T. Road, Liluah, Howrah-711204.
- 4. The engagement shall be initially for a period of six months and may be extended by the competent authority based on performance.
- 5. Eligible applicants should come with the curriculum vitae in the prescribed format. Download application form from crum.res.in they should also bring original education/professional qualification certificate/experience certificate(s) along with a set of self attested Xerox copies and two recent passport sizephotographs.
- 6. Candidatesalreadyinserviceshallalsobringa"NoObjectionCertificate"fromtheiremployer.
- 7. Candidates who fulfill the above requirements may report for interviewon 18-10-2022 at 10.30 AM at office of Deputy Director, Regional Research Institute of Unani Medicine, 250A/29, G. T. Road, Liluah, Howrah-711204.
- 8. No TA/DA will be paid. The authority reserves the right to accept or reject the candidature without assigning reason thereof. Canvassing in any form will render the candidatedisqualified
- 9. Interested candidates may also in their own interest, ensure that they fulfill the eligibility conditions. Ineligible candidates will not be allowed to appear for the interview. Verification of documents /certificates will be done before theinterview.
- 10. The competent authority reserves the right to postpone/cancel the recruitment exercise at any stage.
- 11. The selected candidate shall have no claim for appointment on regular basis by virtue of their being engaged on contractualbasis.
- 12. Candidates are requested to see Council website: ccrum.res.in on regular basis for any announcement in this regard.

-SD-(Dr. Younis I. Munshi) **Deputy Director & Head, RRIUM, Kolkata**

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

Ministry of AYUSH, Govt. of India

AF	PLICATION FOR THE POST (F:		
1. 2. 3.	Candidate's Full Name (In block letters) Father's Name Address (i) Postal Address (ii) Permanent Address (iii) E-mail address	:		Paste your photo here
4. 5.	(iv) Telephone/ Mobile No.a) Date of birth(Based on matriculation of sch	: [tificate. An attested copy of	certificate must be
5.	attached)b) Age as on the last date of receivedPlace of Birth and State in which		on :	
	Nationality	2 10 10	;	
	Caste		: State whether SC/ST/OBC	
8.	a) Father's nationalityb) Professionc) Name of the State to which the father belong or belonged	e Candidate's	:	
9.	a) Candidate's mother tongue b) Other Indian and foreign lang if any, he/she known. Give full pa and state the examination passed If any, each.	articulars	:	

Language	Read Only	Speak only	Read & Speak	Read, write & speak	Examination passed.

10	T	1
IU.	Examination	i passed:

Examination passed	Name of the School/Collage	University or Board	Year	%age of marks	Subjects	Distinction

1	1.	Appointment	so fa	ar hel	ld:
_	т.	Thhomman	. DO 10	11 IIC.	ıu.

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 dates	s for the post applied for done since leaving collages with
14. a) are you fee from debt? (Answers 'Yes or 'No')	:
a) If you are under liability t reply Money advanced by any purpose, State the particulars:	:
b) If the answer to (a) is 'No" Answer (b) clearly	:

S. No.	Name of referees	Address	Period for which he was known to the candidate
1.			
2.			
16. Deta	ils of enclosures:		
1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
17. Add	ition information if any:		
		DECLARATION	<u>\</u>
knowledge a		ment recoded in the applica	tion form are true to the best of my
	Signatu	re of the candidate in full _	
	Present	address for correspondence	
Place: Date:			
If employed	, remarks of the forward	ing authority:	
		Signature Name	
		Designation	
Place:			
Date:			

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.

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