

**GOVERNMENT OF INDIA
MINISTRY OF AYUSH
AYUSH BHAWAN, B-Block, GPO COMPLEX,
INA COLONY, NEW DELHI – 110023**

Vacancy Notification

Applications are invited for selection of a suitable candidate on deputation including short term contract for a fixed tenure of 5 years or till the date of retirement or as decided by the Govt., whichever is the earliest, for the post of Director, National Institute of Unani Medicine (NIUM), Bangalore, an autonomous organization under the administrative control of the Ministry of AYUSH, Government of India in Level – 14 (Rs.144200- 218200) plus admissible NPA (Pre – revised PB-IV(Rs.37400-67,000) with GP Rs. 10,000/- plus admissible NPA) and other usual allowances admissible as per Central Govt. Rules.

2. The details of age limit and educational qualification and experience required for the post are as under:

Maximum Age	Not exceeding 56 years as on closing date for receipt of application.
Educational & other qualification Required for Deputation including short term contract	Officers of the Central/State Government or Autonomous Body/ Research Councils funded by Central Government/State Government :- <u>Essential Qualification</u> 1) Post Graduate Degree in Unani System of Medicine recognized by CCIM. 2) 20 years of standing in the profession in teaching/research after PG out of which : At least 3 (three) years experience of regular service in the pay scale of Level - 13 (118500-214100) ((pre-revised) PB-IV (Rs. 37,400-67,000) with GP Rs. 8,700/-) Or At least 8(eight) years of experience of regular service in the pay scale of Level- 12 (78800-209200) ((pre-revised) PB-III (Rs. 15,600-39,100) with GP Rs. 7600/-) or above

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	Desirable: (i) PhD in Unani (ii) Administrative Experience in the field of Unani in Central/State Government/Autonomous Bodies/Research Councils (iii) Publication of Research Work in peer reviewed research journals/High quality academic publication.
Officers who are eligible for recruitment by deputation	Officers of the Central Govt./ State Govt./ Autonomous Body/ Research Organisations funded by Central Government/State Government having essential qualification as prescribed above.

General Instructions:-

1. Eligible candidates should apply for the post in prescribed proforma along with photocopies of all relevant documents through proper channel.
2. While forwarding the application, the sponsoring authority shall ensure that the particulars of the candidate are verified and that he/she fulfils the eligibility conditions, along with a certificate that no disciplinary proceeding is pending or contemplated against the applicant and he is free from vigilance angle. Integrity certificate is also to be enclosed.
3. Complete ACR dossier/ APARs of last five years of the applicant must be enclosed with the application.
4. Applications in prescribed format should reach the Ministry of AYUSH within 45 days of the publication of this advertisement in Employment News {
 ✗ Application received late or incomplete or not through proper channel shall be rejected.
5. The crucial date for determination of eligibility regarding age, experience etc. shall be the last date for receipt of applications.
6. Applicants will be fully responsible for the accuracy of the information they furnish. Any information furnished by the candidate if found wrong at any stage will result in his/her disqualification of the candidature and /or dismissal from the service at any stage.
7. The terms & conditions for appointment will be as per prevailing Rectt. Rules/ Govt. Rules as amended from time to time.

Signature

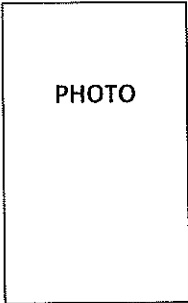
8. Ministry of AYUSH reserves the right not to fill up the post at any stage of the recruitment process without assigning any reason whatsoever.
9. The proforma prescribed for application is as follows:-

Signature

**APPLICATION FORMAT FOR THE POST OF DIRECTOR, NATIONAL INSTITUTE OF UNANI
MEDICINE, BANGALORE
Through Proper Channel**

1. Name and Address (in Block Letters): _____

2. Father's Name _____
3. Date of Birth and Age in Christian Era: _____
4. Present Address: _____
5. (a) Retirement Age in the Current Department: _____
(b) Date of Retirement: _____
6. Educational Qualification:



S.No.	Year of Passing	No. of Attempts	College/ University	Whether the Degree is recognized by CCIM.
Graduation				
Post-Graduation				
Ph.D				

Note: Please indicate Distinction or Special Activities/ Medals etc.

7. Whether Educational and other Qualifications required for the post are satisfied (if any Qualifications has been treated as equivalent of the one prescribed in the Rules, state the authority for the Same):

Qualifications/Experience
Required
(i) Essential
(ii) Desirable

Qualifications/Experience
Possessed by the Candidate
(i) Essential
(ii) Desirable

8. Please state clearly whether in the light of entries made by you above, you meet the requirements of the post. _____

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9. Details of employment in chronological order. Enclosed separate sheet, duly authenticated by your signature, if the space below insufficient:

Office/institution/ Organization	Post Held	From	To	Scale of Pay and Last Basic Pay	Nature of Duties
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10. Nature of present employment, i.e. whether ad-hoc or temporary or permanent: _____

11. In case the present employment is held on Deputation/ Contract basis, please state:

- (a) The Date of Initial Appointment
- (b) (b) Period of Appointment on Deputation
- (c) (c) Name of the Parent Office/ Organisation to which you belong

12. Additional details about present employment please state whether working under:

- (a) Central Government (b) State Government (c) Autonomous Body
- (d) Research Council

13. Are you in Revised Scale of pay? If yes, give the date from which the revision took place and also indicate the Pre-Revised Scale _____

14. Total _____ emoluments _____ per _____ month _____ now drawn: _____

15. Details of Publications: _____

16. Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose separate sheet, if the space is insufficient: _____

17. Whether belonging to SC/ST _____

18. Remarks, if any) _____

Date:

Signature of the Candidate
Name:

