



राष्ट्रीय आयुर्वेद विद्यापीठ RASHTRIYA AYURVEDA VIDYAPEETH

(NATIONAL ACADEMY OF AYURVEDA)

(भारत सरकार, आयुष मंत्रालय के अधीन एक स्वायत्त संगठन)

(An autonomous organisation under Ministry of AYUSH, Govt. of India)

धन्वन्तरि भवन, मार्ग संख्या-66, पंजाबी बाग (पश्चिम), नई दिल्ली-110 026

Dhanwantari Bhawan, Road # 66, West Punjabi Bagh, New Delhi – 110 026



F.No.65-05/2022-23/ROTP/CME-RAV/31/E&C

Dated: 17.05.2022

Vacancy Circular

Sub:- Invitation of applications for contractual engagement of 02 Data Entry Operator under CB&CME in Ayush Component of Ayurgyan Scheme of Ministry of AYUSH-reg.

Applications are hereby invited from eligible candidates for engagement as DEO to be posted at New Delhi on contractual basis under the CME Component of Ayurgyan Scheme. The Tenure of engagement may initially be up to 31st March, 2023 which may be further extended. The details of particulars like Essentials/Desirable qualification, experience, remuneration etc. for the post are as under:-

S.No.	Name of the Post	Particulars	Consolidated Remuneration
1.	Data Entry Operator (DEO) (02 Post)	<ul style="list-style-type: none"> ➤ Essential Qualification:- Graduation from any recognized University. ➤ Experience:- The candidate shall have minimum 3 years working experience preferably in Government sector, having knowledge of MS Office etc. ➤ Typing Speed:- 35 WPM in English or 30 WPM in Hindi with mistakes not exceeding 5% of total word typed. ➤ Age: 35 years. 	Rs. 20,000/- p.m.

2. Interested and eligible candidates may send their applications along with copies of relevant document in support of claim as per enclosed proforma, latest by 02.06.2022 by post to the Administrative Officer, Rashtriya Ayurveda Vidyapeeth, Dhanwantari Bhawan Road No. 66, Punjabi Bagh West, New Delhi -110026.


(N. Ramakrishnan)
Administrative Officer

RASHTRIYA AYURVEDA VIDYAPEETH, NEW DELHI

APPLICATION FORM FOR THE POST OF DATA ENTRY OPERATOR (CME)

1. Post applied for: _____

2. Name of applicant (in the Block Letters): _____

3. Father's/Husband's Name: _____

4. Date of Birth: _____

5. Nationality: _____

6. Educational Qualification:

S.No.	Degree/Diploma	University/Year of Passing

(Please attach a copy of self-attested certificate):-

7. Professional Experience:

S.No.	Name of Organization	Position Held (in reverse chronological order)	Period of Service	
			From	To

(Please attach a copy of self-attested certificate):-

8. Permanent Address: _____

9. E-mail: _____

10. Telephone/Mobile No. _____

11. Aadhar Card No. _____

12. Last Pay Drawn/Emoluments: _____

13. Two references (i) _____
(ii) _____

14. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: _____

Signature: _____