

**CENTRAL COUNCIL OF INDIAN MEDICINE
61-65, INSTITUTIONAL AREA, JANAKPURI
NEW DELHI 110058**

ADVERTISEMENT

Applications are invited for **TWO temporary posts (likely to be continued) of Lower Division Clerk** in the **PB-1 5200-20200/-, Grade Pay-Rs.1900/-** and allowances admissible as per Central Government Rules amended from time to time (**One-(01) Reserved for (O.B.C.) and One (01) - General**).

Essential Qualification:-

(i) **12th Class pass or equivalent qualification** from a recognized Board or University.

Skill test Norms on Computer

(i) English Typing @ 35 w.p.m.

(iii) Hindi Typing @ 30 w.p.m.

(Time allowed – 10 mts.)

(35 w.p.m. and 30 w.p.m. correspond to 10,500 KDPH/9000 KDPH on an average of 5 key depressions for each word).

Age

Between 18 and 27 years (*Relaxable for CCIM employees upto 40 years in accordance with the instructions or orders issued by the Central Government*).

NOTE - 1. The crucial date for determining the age limit shall be the last date for receipt of applications.

2. Preference will be given to the candidates who knows both English and Hindi typing.

Application Form may be obtained from the office of the CCIM in any working day from 10.00 AM to 5.00 PM or from website **www.ccimindia.org**.

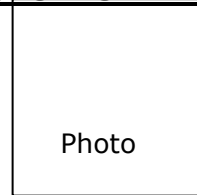
Filled application alongwith Indian Postal Order/D.D. of Rs.50/- in favour of Central Council of Indian Medicine payable at New Delhi and attested copies of relevant documents should be reached to the Secretary, Central Council of Indian Medicine, 61-65 Institutional Area, Janakpuri, New Delhi by **31st January, 2012 upto 5.00 PM**. Application received after the last date and time shall not be entertained in any case. Government employees should apply through their employer only.

CCIM has right to reject any or all the applications without mentioning the reason.

Sd/-
(PR SHARMA)
SECRETARY, CCIM

**CENTRAL COUNCIL OF INDIAN MEDICINE
NEW DELHI**

Form of Application for the Post of LOWER DIVISION CLERK



NAME OF APPLICANT
(in block letters)

FATHER'S/HUSBAND'S NAME

DATE OF BIRTH
(As per matric certificate)

POSTAL ADDRESS

PERMANENT ADDRESS

CONTACT NO.

NATIONALITY

RELIGION

CATEGORY

ACADEMIC QUALIFICATION (10 + 2) LEVEL

Name of the Board	Subject	Year of passing	Aggregate percentage

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TECHNICAL QUALIFICATION, IF ANY

Name of the Institution	Name of Course	Year of Passing	Aggregate Percentage

DETAILS OF ADDITIONAL QUALIFICATION, IF ANY : _____

DETAILS OF EXPERIENCE

NAME OF POST	PAY SCALE	DETAILS OF DURATION

I declare that the statements made in this application are true to the best of my knowledge and belief. If any, information given by me is proved to be false at later date, my appointment shall be liable to be terminated without notice/compensation. I shall also provide all the necessary documents in original as and when asked for by the Council

Dated: _____

Signature of Applicant

Attested documents of qualification, experience and caste certificate etc. should be attached.