WALK IN INTERVIEW

The CCIM is a Statutory Body constituted under IMCC Act, 1970 (48 of 1970) to prescribe the Minimum Standards of Education in Indian Medicine and matter related thereto. A walk-in-interview will be held on 10.03.2021, at Room No.407, in the office of Central Council of Indian Medicine as per time and other details given hereunder to engage four (04) Senior Technical Associate (Ay.)/Junior Technical Associate (Ay.), on purely contract basis for assisting Ayurveda Section/other Section and related matters of CCIM.

<table>
<thead>
<tr>
<th>Name of the post &amp; Numbers</th>
<th>Qualification, experience and age limit</th>
<th>Remuneration</th>
<th>Date &amp; time of the interview</th>
</tr>
</thead>
</table>
| Senior Technical Associate /Junior Technical Associate (Ay.) (04) Posts | **Essential for STA:-**  
- Post Graduate qualification in Ayurved from a recognized University.  
**Essential for JTA:-**  
- Under Graduate qualification in Ayurved from a recognized University.  
- The candidates should be proficient in working independently on MS office and should be familiar with other computer related applications.  
Age: - Below 35 years. | Rs. 35,000/- p.m. (consolidated)  
Rs. 30,000/- p.m. (consolidated) | 10.03.2021 at 12:00 PM  
The interested candidates should appear in the office of Council sharply at 10:00 AM for verification of documents. |

General Conditions:-

1. The engagement of service of the candidate shall be purely on contract basis and initially for a period of three months which may be extended for further period on performance basis. The candidate will have no right to claim for regularization of his/her services under any circumstances.
2. Applicant should come with the Bio-data in the prescribed format along with the original certificates, experience certificates etc. with a set of self attested photocopies and two passport size recent photographs.
3. The candidates selected for the post will be required to work in Central Council of Indian Medicine.
4. No TA/DA will be paid for attending the interview.
5. The prescribed format of bio-data can be downloaded from the website of CCIM i.e. www.ccinindia.org
6. The number of posts may be subject to change without any prior notice.
7. Council reserves the right to cancel/postpone the interview without any prior notice/without any reason.
**CENTRAL COUNCIL OF INDIAN MEDICINE**  
**NEW DELHI**

Application for the Post of ________________________________  

Name of applicant ________________________________________________  
(in block letters)
Father’s/Husband’s/Guardian’s Name ________________________________  
Gender (Male / Female) ____________________________________________  
Date of Birth ____________________________________________________  
Age as on 01.06.2016 ______________________________________________  
Details of registration with __________________________________________  
The concerned Bar Council _________________________________________  
Nationality ______________________________________________________  

Category (OBC/SC/ST/GENERAL) ____________________________________  

**Contact Details**

Postal Address ___________________________________________________  
_________________________________________________________________  
_________________________________________________________________  

Permanent Address ________________________________________________  
_________________________________________________________________  
_________________________________________________________________  

Phone Number _____________________________________________________  
E-mail ___________________________________________________________  

Recent passport size photograph to be affixed in the space
## ACADEMIC QUALIFICATION

### DETAILS OF U.G. QUALIFICATION

<table>
<thead>
<tr>
<th>NOMECLATURE OF DEGREE (WITH ABBREVIATIONS)</th>
<th>NAME OF THE COLLEGE</th>
<th>UNIVERSITY/AWARDING BODY</th>
<th>YEAR OF PASSING</th>
<th>AGGREGATE PERCENTAGE</th>
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<tbody>
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### DETAILS OF P.G. QUALIFICATION

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<th>UNIVERSITY/AWARDING BODY</th>
<th>YEAR OF PASSING</th>
<th>NAME OF THE SUBJECT</th>
<th>AGGREGATE PERCENTAGE</th>
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</tbody>
</table>
## DETAILS OF EXPERIENCE

<table>
<thead>
<tr>
<th>NAME OF POST</th>
<th>PAY SCALE</th>
<th>NATURE OF EMPLOYMENT (GOVT. / PRIVATE)</th>
<th>NATURE OF DUTIES</th>
<th>DETAILS OF DURATION</th>
</tr>
</thead>
</table>

## DECLARATION

I hereby certify that above information are true and no relevant information has been concealed.

Place:_______________

Date:_______________

Signature of Applicant

*Attested documents of qualification(s) and experience should be attached.*