#### NORTH EASTERN INSTITUTE OF AYURVEDA & HOMOEOPATHY

(An Autonomous Institute under the Ministry of Ayush, Govt. of India) Mawdiangdiang, Shillong, Meghalaya – 793018

## Advt. No. 1-7/NEIAH/SHG/ESTT/PART-IV/1840

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Dated:18.10.2023

North Eastern Institute of Ayurveda & Homoeopathy (NEIAH), an Autonomous institute located at Mawdiangdiang, Shillong, under the Ministry of Ayush, Govt. of India, propose to engage the services of the following personnel purely on **contract basis upto 31.03.2024** which may be curtailed at any point or extended by the competent authority.

Sl. No	Name of the Post	No. of the Post	<b>Essential Qualification and Experience</b>	Age (as on the date of interview)
1	Medical Officer (Ayurveda):	01 (One)	MD / MS (Ayurveda) passed from a recognized Ayurvedic Institute/ University.	Up to 50 years

The selection will be made through Walk in Interview scheduled as follows:-

**Date of Interview:** 26.10.2023

**Venue:** Office of the Director, NEIAH, Shillong.

**Reporting Time:** 09:30 am **Interview Time:** 10:00 am

Candidates should bring duly fill up application form in prescribe format, two passport size photographs and original certificates along with photocopy of the same duly self-attested in support of their Age, Qualifications, Registration & Experiences etc. No TA/DA will be admissible to appear in the interview. Institute reserves the right to make any amendment or cancellation of this advertisement completely or partially without assigning any reason thereof.

Sd/-Director,NEIAH

# NORTH EASTERN INSTITUTE OF AYURVEDA AND HOMOEPATHY (NEIAH)

# (AN AUTONOMOUS INSTITUTE UNDER THE MINISTRY OF AYUSH) GOVERNEMNT OF INDIA MAWDIANGDIANG, SHILLONG, MEGHLAYA-793018

	Î	APPLICATION FORM		
Name of the p (with discipling Sl. No of the	ne) <b>Post</b> :	_		Affix self attested recent passport size
Advertisemen	t No. :			photograph
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	s/Husband's Nam : (in CAPITAL le	le: tters)		
(i)		s (for correspondence, with p	hone/mobile No. & E-mail	ı)- 
	PIN Code:			
	Email Id:		Mobile No:_	
(ii)	Permanent add	lress -		
4. a. Date or	birth: dd	mm yr(	(in figure)	
b. Date of	of Birth in words:_			
c. Age (a	s on date of intervi	ew) <u>Y</u>	M D_	
5. Nationali	ty :	6.	Sex: Male /Female	e
6. (a) Moth	er Tongue :_			
(b) Profi	ciency in languag	e(s) (Mark below as applica	able ( $\sqrt{}$ )	
Language	Read	Write	Speak	
English			•	
Hindi				

(Add other languages, if any)

# 7. Qualification (Academic & Professional) (Please enclose a Xerox copy of each degree/certificate & mark- sheet):

Examination	Name of the Degree/Diploma	Name of the College & University and Board	Year of passing	Division obtained (mention distinction if any	Percentage of marks/CGPA obtained (Aggregate in case of degree programme)	Subject(s) Specialzation
10 <sup>th</sup> or equivalent						
(10+2) or equivalent						
Degree/ Diploma course						
MD/ MS (Ayurveda)						
PhD						
Any other examination(s)						

### 08. Details of Professional Publications and Research Work:

(Please attach details on separate sheet duly signed to include Topic / Name of Publication, Name of Journal (ISSN) / Publisher & Edition etc)

9.	Employ	ment/Ex	periences	Record	(Starting	from the	present	position)	:

Office/Institute/ Organization	Post held	Pay	From	То	Actual Duration (Years & Months)	&
10. Training/Cour			Institutio	n		 Duration
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(Enclose a separate sheet, if the space is insufficient in any column.)
DECLARATION
I affirm that information given in this application is true and correct. I also fully understand that if a any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresentary facts, my candidature may be summarily rejected or employment terminated.
Signature of the candidate
Place:
Date:
(Name in CAPITAL letters)

13. Additional information, if any, which you would like to support of your suitability for the post.