

Board of Homoeopathic System of Medicine, Delhi  
(Govt. of NCT of Delhi)  
4<sup>th</sup> Floor, B-Wing, Vikas Bhawan-II, Civil Lines, Delhi-110054

Application Form for Appointment of Registrar on Contract Basis

Board of Homoeopathic System of Medicine is a statutory body of Govt. of NCT of Delhi under Directorate of AYUSH. It propose to appoint one Registrar on contract basis initially for a period of one month which may be extended on the basis of work requirement and performance. Interested candidates having the prescribed eligibility parameter may give application with in a week of publish in news paper at office of the Chairman of this Board at above mentioned address. The details are as under:-

SI. No	Name of the Post	No. of Posts to be filled	Eligibility	Monthly Remuneration	Type of Work
1.	Registrar	One	<b><u>Essential Qualification:</u></b> i) MD(Homoeopathy) <b><u>Experience:</u></b> ii) Candidate must have at least 5 years as consultant or in administrative capacity in Central/State Government/Autonomous organization <b><u>Desirable:</u></b> iii) Knowledge of Computer Operation	55,000/-	Keep the register and discharge such other functions, the register correct and up to date and may from time to time enter, entries in respect of additional qualification

Other terms and condition for appointment

1. The Registrar will entitled to avail 01 day casual leave in each month. Beyond this limit deduction in remuneration will be made on pro-rata basis.
2. The Consultant shall not be allowed to accept work of any work of any other organization firm during the period of contract.
3. If she/he is deployed outside the office, she /he will be entitled to travel in 3<sup>rd</sup> AC train.
4. In case of resignation, one month notice is required.

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1. Name (In Capital letter): .....
2. Father/Husband Name: .....
3. Date of Birth: .....
4. Permanent Address: .....
5. Correspondence Address: .....
- Email ID: .....
- Contact No: .....

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attested recent  
passport size  
photo

6. Academic/Technical/Professional qualification

Sr. No.	Qualification Examination	Subject	Secured Marks(%)	Board/University

7. Experience (If any)-

Name of Organization & Address	Name of Post	Working Period		Salary	Nature of Work
		From	To		

8. State Board/State Council/CCH Registration No. ....
9. Whether belong to SC/ST/OBC .....
10. Whether being knowledge of Computer Operation      Yes/No
11. Any other relevant information, if any .....

Declaration

I have carefully gone through the vacancy circular advertisement and I am well aware that the application duly supported by documents submitted by me.

Date:

Place:

Signature of applicant

N.B.: Please note that self attested copies of certificate regarding Education Qualification. Experience and Registration Certificate are attached with the application.