



क्षेत्रीय यूनानी चिकित्सा अनुसंधान संस्थान, अलीगढ़

REGIONAL RESEARCH INSTITUTE OF UNANI MEDICINE
(FUNCTIONING UNDER CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE)
MINISTRY AYUSH, GOVT. OF INDIA

Post Box 70, Shahjahan Manzil, Near AMU Riding Club, Qila Road ALIGARH – 202 001
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ADVERTISEMENT BROCHURE

**WALK-IN-INTERVIEW FOR THE POST OF RESEARCH ASSOCIATE
(UNANI) TO BE HELD ON 17.08.2023 IN THE INSTITUTE PREMISES AT
09.00 AM ONWARD**

| S.No. | Name of the post with remuneration | No. of post | Age | Essential Qualification |
|-------|---|-------------|--|---|
| 1. | Research Associate (Unani) Rs.47,000/-+HRA (on contractual basis) | 01 No. | 40 years or below on the date of interview | 1. Post Graduate Degree (MD) in Unani System of Medicine from a recognized Statuary Board/University, included in the 2 nd schedule of the CCIM Act 1970. 2. Enrolment on the Central Register of CCIM or State Register of AYUSH. DESIRABLE Original Research papers published in Peer-Reviewed or UGC listed journals. |

NOTE: All the candidates

- are to report from 8.00 AM to 8.30 AM in the Institute on 17.08.2023 and fill up the registration form available in the office and submit this completed form supported with self attested documents alongwith the proof Research paper published in peer reviewed or UGC listed journal with Impact factor, upto 9.00 A.M in the office.
- short listing of registered candidates for interview may be notified on the notice board, if the large number of candidates are reported.
- are hereby advised to bring their relevant documents in original, including ID proof, alongwith one set of self attested copies and photographs for Walk-in-Interview.
- please visit the CCRUM website <https://ccrum.res.in> for further update.
- No TA/DA will be admissible.
- The initial appointment will be for 06 months.

LETTER TO HQRS. - Copy


Research Officer in-charge
RRIUM, ALIGARH



Regional Research Institute of Unani Medicine
Aligarh

REGISTRATION AND SCREENING FORM

POST OF RA (UNANI)

Walk- in-Interview on 17.08.2023

Photo

1. Name _____
2. Father's Name _____
3. Gender _____
4. Date of Birth _____
5. Mobile No. and Email _____
6. Address (Permanent) _____

7. Address (Correspondence) _____

8. Essential Qualification _____
9. Reg. No. (IMB/CCIM/SB) _____
10. Languages Known _____

11. Educational Qualification(Qualification in descending order along with self-attested copy)

| Examination Passed | University/Institute | Year | Subject | Division | Percentage |
|--------------------|----------------------|------|---------|----------|------------|
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12. Experience (if any along with self-attested copy)

| Name & address of employer | Designation | From | To | Total Period | Nature of Work |
|----------------------------|-------------|------|----|--------------|----------------|
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13. Publication (if any along with self-attested copy)

| Title of Paper | Author/Co-author | Journal | Volume | Page No. | Impact Factor |
|-----------------------|-------------------------|----------------|---------------|-----------------|----------------------|
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14. Any other relevant information that you may like to add

Declaration

I hereby declare that the above information given by me is correct and complete to the best of my knowledge.

(Signature of the candidate)

Verified by the Screening Officers with remarks (if any)