

No. R.13016/04/2010-UD  
Government of India  
Ministry of Health and Family Welfare  
Department of AYUSH

Red Cross Building, New Delhi-110001  
dated the March 2010

**VACANCY NOTIFICATION**

Applications are invited for selection of a suitable candidate on Deputation/Contract for a period of 5 years or upto the date of retirement of the incumbent, whichever is earlier, for the Post of **Director General in the Central Council for Research in Unani Medicine (CCRUM), New Delhi**, an autonomous organization under the administrative control of the Department of AYUSH, Ministry of Health and Family Welfare, Government of India, New Delhi in the Pay Scale of Rs. 37,400-67,000 with Grade Pay Rs. 10,000 + NPA and other usual Allowances admissible as per Central Government Rules.

2. The Details of Age Limit and Educational Qualifications and Experience required for the Post are as under:

**Maximum Age Limit :** Not exceeding 56 Years as on 1.7.10

**Eligibility :** Officers under the Central/State Governments/UTs/Universities/Recognised Research Institutions/Public Sector Undertakings/Autonomous Bodies or Statutory Organisations:

Holding analogous posts on regular basis;

or

3 years regular service in Pay Band-4 with Grade pay Rs.8700 or equivalent.

or

8 years regular service in Pay Band-3 with Grade pay Rs.7600 or equivalent.

**Education & other Qualifications**

**Required for the Post :** (i) **Educational:**

- I. **Essential:**
- o Post-graduate degree in Unani Medicine of a recognised University or Statutory State Board or Council or Faculty in Unani Medicine included in the 2<sup>nd</sup> Schedule Part-B of IMCC Act 1970.
  - o Enrolment in a Central/State Register for Unani Medicine.

(ii) **Experience:**

17 years standing in the profession including 8 years as Head of the Post-Graduate Department of a speciality in Unani Medicine or a University or Medical College or Research Institution or Teaching Institution or Hospital or Head of the Health Services in Unani Medicine;

II. **Desirable:**

- Ph. D in Unani Medicine of a recognized University or Statutory Board or Council of Faculty in Indian Medicine or equivalent.
- Extensive practical and administrative experience and
- Working knowledge of English, Hindi and Urdu/Persian/Arabic.

The prescribed Format for submitting the Application is at Annexure to this circular. Organizational setup and other details about CCRUM, New Delhi are available on this website.

3. The eligible and interested persons may send their Applications in the prescribed Format through Proper Channel so as to reach the Department (Addressed to Shri Suman Chatterjee, Under Secretary, Room No.102, Indian Red Cross Society, Annexe Building, 1, Red Cross Road, New Delhi - 110001) within 30 days from the date of appearing of the Advertisement in the Newspapers. No Advance Application will be entertained. While forwarding the Application, the sponsoring authority may please ensure that the particulars of the candidate are verified and that he/she fulfills the eligible conditions along with a certificate to the effect that the Officer is free from vigilance angle and no disciplinary proceedings are pending or contemplated against the Officer.
4. The crucial date for working out the eligibility of the candidates shall be the last date for submission of application i.e. 30 days from the date of appearing of the advertisement in the Newspaper.
5. The Candidates called for interview will be paid First Class Rail Fare or APEX Air Fare in Economy Class to and fro' by shortest route as per rules.

**APPLICATION FORMAT FOR THE POST OF DIRECTOR GENERAL, CENTRAL COUNCIL FOR RESEARCH IN  
UNANI MEDICINE (CCRUM), NEW DELHI**

**Through Proper Channel**

Paste a recent  
passport size  
photograph  
(coloured)

1. Name and Address  
(in Block Letters) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of Birth and Age  
As on 1-7-2010 \_\_\_\_\_
4. (a) Retirement Age in the  
Current Department \_\_\_\_\_
- (b) Date of Retirement \_\_\_\_\_
5. Educational Qualification

Graduation	Year of Passing	No. of Attempts	College/University from which Graduated
Post-Graduation	Year of Passing	No. of Attempts	College/University from which Graduated
Ph.D.	Year of Passing		College/University from which Graduated

Note: Please indicate Distinction or Special Activities/Medals etc.

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6. Whether Educational and other Qualifications required for the Post are satisfied. (If any Qualification has been treated as equivalent to the one prescribed in the Rules, state the authority for the same):

<u>Qualifications/Experience Required</u>		<u>Qualifications/Experience Possessed by the Candidate</u>	
Essential	(1)	(2)	
Desirable	(1)	(2)	

7. Please state clearly whether in the light of entries made by you above, you meet the requirements of the Post.
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8. Details of employment in chronological order. Enclose separate sheet, duly authenticated by your signature, if the space below is insufficient:

Office/Institution/Organisation	Post held	From	To	Scale of Pay and Last Basic Pay/Grade pay	Nature of Duties

9. Nature of present employment, i.e., whether ad-hoc or temporary or quasi-permanent or permanent:
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10. In case the present employment is held on Deputation/Contract basis, please state:

- The Date of Initial Appointment.
- Period of Appointment on Deputation.
- Name of the Parent Office/Organization to which you belong.

11. Additional details about present employment. Please state whether working under:

- Central Government
- State Government
- Autonomous Organizations
- Government Undertakings
- Universities

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12. Are you in Revised Scale of Pay? If yes, give the date from which the revision took place and also indicate the Pre-Revised Scale:

\_\_\_\_\_

13. Total Emoluments Per Month now drawn:

\_\_\_\_\_

14. Additional information, if any, which you would like to mention in support of your suitability for the Post. Enclose separate sheet, if the space is insufficient:

\_\_\_\_\_

15. Whether belonging to SC/ST/OBC

\_\_\_\_\_

16. Remarks, if any:

\_\_\_\_\_

Date:

\_\_\_\_\_  
**Signature of the Candidate**

**Name :**

**Address:**

**Tel:**

**Countersigned by the Employer with Seal**