



Government of India
Ministry of Health and Family welfare
Central Leprosy Teaching and Research Institute
Chengalpattu-603 001, Tamil Nadu



No.F2(3)E.I/95-Vol.II/

Dated 28.10.2017

NOTIFICATION

Applications are invited from the eligible candidates for the post of one **Assistant Physiotherapist** under **UR** category for **Direct Recruitment**.

| S.No. | Post Name & Pay Scale | No of Posts | Educational Qualification |
|-------|---|--------------------------------------|---|
| 1 | Assistant Physiotherapist PB-1 Rs.5200-20200 + Rs.2400 Grade Pay (pre-revised) LEVEL-4 (Revised) | 01 post Reserved for UR | 1. Passed Matriculation or equivalent examination. 2. Diploma in Physiotherapist issued by Tamil Nadu Government or Equivalent qualification recognized by the Government. |

Age: 18 to 25 years as on **30.11.2017**. (Regarding age relaxation, subject to fulfilment of prescribed conditions in accordance with the Instructions or orders issued by the government time to time).

The applicants should enclose all the certificates with self-attestation in respect of Educational and Technical Qualification, Experience, (the experience rendered in the relevant field a proof of documentary evidence, that the individual was in the Pay Roll or payment particulars / Employees Provident Fund (EPF) Enrolment Number etc., are to be submitted to count the experience get the benefit), Community certificate for SC/ST&OBC relevant proof should be enclosed. If the candidates claiming special categories under Central Civil Service rule for Age relaxation as per the rule, should be submitted in the prescribed format. Live employment Exchange card (preferably computer generated copy) should also be enclosed with the application and it should be valid on 30.11.2017. "No Objection Certificate" (NOC) for those, who are working in Central or State Government, Autonomous Institutions, Public sector undertaking on permanent / temporary / contract /Ad-hoc basis also to be submitted at the time of written test/skill test. **CLOSING DATE FOR RECEIPT OF APPLICATION is 04.12.2017.**

Filled application with necessary enclosure should be sent to "THE DIRECTOR, CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE, CHENGALPATTU-603 001". Incomplete application, without signature in the application, not enclosing self-attested photo and document copies, false information given in the application and application received (including by post, courier and etc.,) after due date 04.12.2017 will be summarily rejected. Applications sent through Mail / Fax cannot be accepted. Any form of canvassing will not be entertained, if it is so, the candidature of the Candidates will be summarily rejected. The undersigned is having the right to postpone or cancel the notification at anytime without assigning any reason.


DIRECTOR

Notice Board /Official Website-www.citrigov.in

Application for the post of Assistant Physiotherapist

(Paste Self
attested
Passport size
photograph)

1. Name :
2. Father/Husband Name :
3. Age :
4. Date of Birth :
5. Sex (Male /Female) :
6. Community :
7. Seeking any special category(as per CCS Rule)relaxation : Yes / No
Whether Documentary evidence submitted? : Yes / No
8. Nationality/ Religion :
9. Address for Communication :
10. Whether Registered in Employment Exchange? : Yes / No
: Registration No _____
11. Educational & Technical Qualification :

| Sl.No | Exam passed | Govt /Private | Year of Passing | Board//Institute | Percentage of Marks obtained |
|-------|-------------|---------------|-----------------|------------------|------------------------------|
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12. Experience/details of employment in chronological order :

| Name and address of the Institution/Hospital (Including Govt/Private institution) | Name of the post & status (Permanent or temporary) | Period | | Scale of Pay of the post | Nature of Work |
|---|--|--------|----|--------------------------|----------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |

UNDERTAKING

I hereby declare that all the statements made in this application are true and completed to the best of my knowledge & belief. I understand that the department can take action against me in case, I am declared by them to the guilty of furnishing any wrong information or suppressing any facts.

Date :

Place :

Signature of the Candidate.

*(To be filled by the parent office / Department)

Certified that the particulars furnished above by the candidate have been verified from his/her service records and found to be correct. It is also certified that no vigilance case is either pending or contemplated against him/her. His/ her ACRs (attested copies) are enclosed.* Wherever it is applicable.

Date and place :

Signature of the Head of Office.