



क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, तिरुवनन्तपुरम

(केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद, आयुष मंत्रालय, भारत सरकार)
पूजपुरा, तिरुवनन्तपुरम - 695012, केरल

REGIONAL AYURVEDA RESEARCH INSTITUTE, THIRUVANANTHAPURAM

(Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Govt. of India)

Poojapura, Thiruvananthapuram - 695012, Kerala

Telephone: 0471-2340628; Email: ro.rarilsd-ayush@gov.in, arimche.trivendrum@gmail.com

प्रत्यक्ष साक्षात्कार/WALK-IN-INTERVIEW-Notification

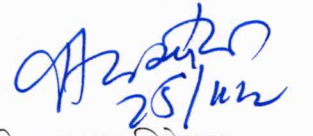
This Institute intends to engage services of one Office Assistant (Admn.) (Retd.) on contract & co-terminus basis as per details given below

Sl. No.	Name of the post	No. of post	Qualification	Age Limit	Remuneration	Date and time of Interview	Tenure
1	Office Assistant (Admn.)	One (01)	Retd. State/Central Govt. Staff with experience in dealing Accounts and Administration along with the basic knowledge in computer , excel and networking	Not exceeding 60yrs.	Rs. 30000/-	06-12-2022 at 10 AM	Initially for a period of 6 months, which may be curtailed or extended at the discretion of the competent authority

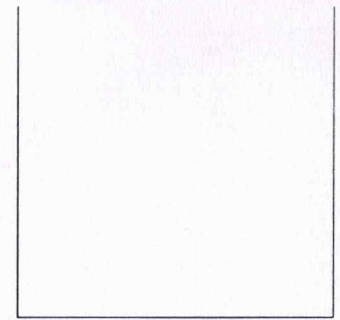
Interested candidates fulfilling the qualifications prescribed above are requested to appear for the interview in the above mentioned address, date and time. Applicants should bring their bio-data in the prescribed format, two passport size photographs and attested photocopies of the certificates along with the originals for verification..

सामान्य शर्तें/General conditions:

- सतत या नियमित भर्ती के लिए दावा करने हेतु आवेदन ना करे।
No claim for continuance or regular appointment will be entertained.
- साक्षात्कार में भाग लेने हेतु टी ए/ डी ए ग्राह्य नहीं होगा।
No TA/DA will be admissible for attending the interview.
- परिषद वेबसाइट से बायोडाटा के लिए निर्धारित प्रपत्र डाउनलोड कर सकते है।
The Format for submission of bio-data may be downloaded from the Council's website www.ccras.nic.in.



प्रभारी सहायक निदेशक



BIODATA FOR THE POST OF AT REGIONAL AYURVEDA RESEARCH INSTITUTE, POOJAPPURA, THIRUVANANTHAPURAM

Sl. No.	Name & address of the Candidate with contact No.	Date of Birth	Experience	Remarks

Any other information :

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I hereby declare that all the information given above and true and complete to the best of my knowledge and belief and am liable for action in case of furnishing of wrong information

Signature of the candidate

Date: