



केन्द्रीय होम्योपैथी अनुसंधान परिषद्

(स्वायत्त निकाय, आयुषमंत्रालय, भारत सरकार)

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

(An Autonomous Body of Ministry of AYUSH, Govt. of India)

Advt. No. 14/2019

Date: 5th August, 2019

RECRUITMENT OF YOGA INSTRUCTORS

The Regional Research Institute (H), Gudivada under the CCRH intends to engage 05 (five) Yoga Instructors at a remuneration of Rs. 27,000/- per month on contract basis through Test /Interview to be held on **22nd August, 2019**. Further details regarding educational qualification, venue of interview etc. are available at Council's website www.ccrhindia.nic.in.


Assistant Director (Admin)

The Regional Research Institute (H), Gudivada under the Central Council for Research in Homoeopathy (CCRH), an autonomous body under the Ministry of AYUSH, Government of India intends to engage Yoga Instructors on contract basis for National Programme for Control and Prevention of Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) programme in Krishna District.

Name of post	Yoga Instructor
No. of post	Posts: 05(Five)[UR 03, SC-1, OBC-1]
Qualification and experience	<p>Essential: A full time regular Degree in Yoga/M.A. (Yoga)/ M.Sc.(Yoga) from a recognized University</p> <p>Desirable: Working experience in Hospitals/Nursing Homes etc.</p> <p style="text-align: center;">OR</p> <p>Essential: 1. Any degree with full time regular and One year Diploma in Yoga (after degree) from a recognized University or an Institute of repute 2. One year professional experience.</p> <p>Desirable: Working experience in well established/ reputed Yoga Therapy Centre/Hospital.</p>
Age	Not exceeding 30 years as on the date of interview.
Emoluments (per month)	Rs. 27000/- per month(consolidated)
Period of engagement	Initially upto 31.01.2020.
Venue, Date & Time of Test and Interview	<p>Regional Research Institute (H) Dr. GGH Medical College Campus, Eluru Road, Gudivada Tele : 08674-243491</p> <p>Date: 22nd August, 2019 Time: 10.30 AM</p>
Reporting Time for Test/ Interview	09.30 AM to 10.30 AM
Place of Posting	Community Health Centers in Distt. Krishna.

General Instructions:

1. The number of vacancies may vary depending upon the requirement.
2. The candidates are being engaged against different programmes of the Council and duties will be assigned, including field duties, accordingly. The tentative job requirements are enclosed (Annex-1).

3. **The selections will be made for the Institutes/Units as indicated in the advertisement. However, the selected candidates are liable to be posted in any other Institute/Units of the Council.**
4. **The eligibility of the candidates will be determined as on the date of interview.**
5. **The candidates who fulfill the eligibility requirements may attend the Test/Interview along with an application in the prescribed format (Annex-II), Registration Slip duly filled in, along with Original documents and self attested photocopies of certificates of qualifications, experience, mark sheet, birth certificates, passport size photographs, caste certificates etc.**
6. **Applicants appearing with incomplete documents will not be entertained for the test/interview.**
7. **The candidate, if employed with any Autonomous/Govt. or private sector, may bring NOC from their employer at the time of interview/test.**
8. **The competent authority reserves the right to postpone/cancel the recruitment exercise at any stage.**
9. **In case large number of candidates reporting for interview/test, the competent authority reserves the right to shortlist candidates by adopting appropriate criteria. Further, the interview may also be held on the next day.**
10. **The selected candidates shall have no claim for appointment on regular basis by virtue of their being engaged on contractual basis.**
11. **Interested candidates may also in their own interest ensure that they fulfill the eligibility conditions. Ineligible candidates will not be allowed to appear for interview. Verification of documents/certificates will be done before the Interview.**
12. **Candidates are requested to see Council's website (www.ccrhindia.nic.in) on regular basis for any new announcement in this regard.**
13. **No TA/DA will be admissible for attending test/interview.**
14. **Canvassing in any form OR on behalf of a candidate will be a disqualification.**


Assistant Director(Admin) 6/8/19

JOB PROFILE

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)

Undertake activities outlined in the program operational guidelines in coordination with the nodal officer of the program and officer in-charge of the nodal centre at respective institute including-

1. **Prevention, health promotion, treatment and management of patients attending Lifestyle clinic through yogic exercises.**
2. **General OPD Duties.**
3. **Monitor functioning and research activities of the Lifestyle Clinic.**
4. **Compilation and reporting of data.**
5. **Training to Yoga Volunteers engaged under the programme.**
6. **Conducting health awareness outreach camps at the PHC.**
7. **Field visits to designated areas/urban areas/slum areas.**
8. **Any other duty/work assigned by the Nodal Officer/ Officer In-charge.**

General:

The above mentioned duties are indicative only and the incumbents will be expected to perform such other duties and responsibilities as are assigned to them from time to time. Further, the job responsibilities require full time devotion.

Annex -II

**CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY, NEW DELHI
APPLICATION FOR THE POST OF
YOGA INSTRUCTOR**

1. Name of the applicant in full
(in Block letters) :
2. Father's/Husband's name: :
3. Religion and Caste :
(Attach attested copy of Caste Certificate
in case of SC/ST/OBC in the prescribed
format issued by the competent authority)
4. Address in Block letters with PIN code
 - a) Permanent :
 - b) Correspondence :
 - c) E-mail Id
 - d) Mobile/land line phone no.
5. Date of Birth and age :

Affix one attested passport size colored photograph
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6. Educational qualifications
(Attach attested copies of relevant documents)

Qualifications	Year of passing	Awarding authority	Year of completion of internship training

7. Experience, if any
(Attach attested copies of relevant documents)

Experience	Period in year	Duration From ... To ...	Name of the Institute	Area/Subject of Research / Teaching

8. In case of physically handicapped person
Candidate must attaché attested copy of
Certificate issued by Medical Board constituted
by Central/State Govt.:
9. Particulars of publications in the reputed
Journals, Magazines, etc. if any:
10. Other information, if any
11. List of enclosures:

I declare that all information supplied by me, as above are true, complete and correct to the best of my knowledge and belief. I also fully understand that in the event of any information being found false or incorrect, my candidature may be summarily rejected or employment terminated.

Place :

Signature of Applicant

Note: Application, along with enclosures, should be continuously page numbered and also self attested by the candidate.

***Please attach two recent passport size photographs and also documentary proof in support of age, educational qualification and experience.**

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

POST: YOGA INSTRUCTOR

Name

Whether SC/ST/OBC/PH/Gen

Father's/Husband's Name

Address

.....

Date:.....

Registration No:.....

Sign. Of the Candidate

Sign. of Rep. of CCRH

Affix one
attested passport
size colored
photograph

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

POST: YOGA INSTRUCTOR

Name

Whether SC/ST/OBC/PH/Genl.....

Father's/Husband's Name

Address

.....

Date:.....

Registration No.....

Sign. of the Candidate

Sign. of Rep. of CCRH

Affix one
attested passport
size colored
photograph

Annex-III

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri / Shrimati/ Kumari

Son/daughter* of.....of village/town*.....

..... District/Division* of the State/Union.....

Territory*belongs to the

.....Caste/Tribe which is recognized as Scheduled Caste/Scheduled Tribe*under :

- The Constitution (Scheduled Caste) Order, 1950
 - The Constitution (Scheduled Tribe) Order, 1950
 - The Constitution (Scheduled Caste) (Union Territories) Order, 1951
 - The Constitution (Scheduled Tribes) (Union Territories) Order, 1951
- [as amended by the Scheduled Caste and Schedule Tribes Lists (Modification) Order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re-organization Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976]
- The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
 - The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribe Order (Amendment) Act 1976
 - The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
 - The Constitution of Dadra and Nagar Haveli) Scheduled Tribes Order, 1962
 - The Constitution (Pondicherry) the Scheduled Castes Order, 1964
 - The Constitution (Scheduled Tribes) (Utter Pradesh) Order, 1967
 - The Constitution (Goa, Daman & Diu) Scheduled Castes, Order, 1968
 - The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968
 - The Constitution (Nagaland) Scheduled Tribes Order, 1970
 - The Constitution (Sikkim) Scheduled Castes Order, 1978:

2. Shri/Smt*/Kumari*.....and*/or his/her* Family ordinarily reside(s)

in village/town*.....of.....District/

Divisions of the State/Union territory of.....

Signature.....

Designation.....
(With Seal of Office)
State/Union Territory

Place.....

Date.....

*Please delete the words which are not applicable.

NOTE: The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT OF POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari.....Son/daughter
of.....
of village.....District/Division.....
in the
.....State.....belongs to
the.....
community which is recognized as a backward class under the Government of India, Ministry of
Social Justice and Empowerment's Resolution No..... dated
.....*.
Shri/Smt./Kumari.....and/or his/her family ordinarily reside(s) in
the.....District/Division of the
.....State/Union Territory. This is also to certify that he/she does not belong to the
persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of
India, Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993 **.

Dated:

**District Magistrate,
Deputy Commissioner etc.**

Seal

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

NOTE: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

List of authorities empowered to issue Caste/Tribe Certificates:

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/1st Class stipendiary Magistrate/sub-divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

**DECLARATION TO BE SUBMITTED BY A CANDIDATE BELONGING TO
OTHER BACKWARD CLASSES AT THE TIME OF SELECTION**

"I, _____ son/daughter of
Shri _____

.....resident of
village/town/city.....district.....state.....hereby

**declare that I belong to the.....community which is recognized as a
backward class by the Government of India for the purpose of reservation in services as
per orders contained in Department of Personnel and Training Office Memorandum
No.36012/22/93-Est. (SCT), dated 8.9.1993. It is also declared that I do not belong to
persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above
referred Office Memorandum, dated 8.9.1993 as amended from time to time."**

Signature