



राष्ट्रीय आयुर्वेदविद्यापीठ RASHTRIYA AYURVEDA VIDYAPEETH

(NATIONAL ACADEMY OF AYURVEDA)

(भारत सरकार, आयुष मंत्रालय के अधीन एक स्वायत्त संगठन)

(An autonomous organisation under Ministry of AYUSH, Govt. of India)

धन्वन्तरि भवन, मार्ग संख्या-66, पंजाबी बाग (पश्चिम), नई दिल्ली-110 026

DhanwantariBhawan, Road No.- 66, West Punjabi Bagh, New Delhi - 110026

F.No.65-05/2007-08/ROTP/CME-RAV/31/E&C

Dated: 20-11-2020

Sub: -Invitation of applications for contractual engagement of a Data Entry Operator under the Continuing Medical Education (CME) Scheme of Ministry of AYUSH-reg.

Applications are hereby invited from eligible candidates for engagement as DEO to be posted at New Delhi on contractual basis under the Central Sector Scheme of CME. The tenure of engagement will be upto 31, March, 2021 initially and could be extended. The details of particulars like Essential/Desirable qualification, experience, remuneration etc. for the post are as under: -

S. N.	Name of the Post	Particulars	Consolidated Remuneration
1.	Data Entry Operator (DEO) (01 post)	<ul style="list-style-type: none"> ➤ Essential Qualification: - Graduation from any recognized University. ➤ Typing Speed:- 35 WPM in English or 30 WPM in Hindi with mistakes not exciding 2% of total word typed. ➤ Experience: - The candidate shall have minimum 3 years' working experience in a Government sector, having knowledge of MS Word/Excel/Power point etc. ➤ Desirable: - experience of working in CME Scheme or similar training programme Age: 35 years. 	Rs.20,000/- p.m.

2. Interested and eligible candidates may send their applications along with copies of relevant documents in support of claim as per enclosed proforma, latest by 28.11.2020 to Rashtriya Ayurveda Vidyapeeth through email to ravidyapeethdelhi@gmail.com

Yours faithfully,

N/Ram
(N.Ramakrishnan)
Administrative Officer

RASHTRIYA AYURVEDA VIDYAPEETH, NEW DELHI

APPLICATION FORM FOR THE POST OF DATA ENTRY OPERATOR ON CONTRACT

BASIS

1. Post applied for : _____
2. Name of applicant (in the Block Letters): _____
3. Father's/Husband's Name : _____
4. Date of Birth : _____
5. Nationality : _____
6. Educational Qualification :

S.No.	Degree/Diploma	Year of Passing

(Please attach a copy of self-attested certificate): -

7. Professional Experience :

S.No.	Name of Organization	Position Held (in reverse chronological order)	Period of Service	
			From	To

(Please attach a copy of self-attested certificate): -

8. Permanent Address : _____
9. E-mail : _____
10. Telephone/Mobile No. : _____
11. Last Pay drawn/Emoluments: _____
12. Two references (I) _____
(II) _____
13. I solemnly affirm that the above declaration is true and I understand that in the vent of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date : _____ Signature _____