सी सी आर ए एस - क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, तिरुवनंतपुरम

(केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद, आयुष मंत्रालय, भारत सरकार)

पूजपुरा, तिरुवनन्तपुरम – 695012, केरल

**CCRAS - 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, arimchc.trivendrum@gmail.com

## ADVERTISEMENT NO. 03 /2025-26
### प्रत्यक्ष साक्षात्कार/ WALK – IN- INTERVIEW-NOTIFICATION

यह संस्थान नीचे दिए गए विवरण के अनुसार संविदा और सह-टर्मिनस आधार पर दो कार्यालय सहायक (प्रशासन) (सेवानिवृत्त) की सेवाएं लेने का इरादा रखता है;

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

| Name of Post | No. of Post | Eligibility Criteria, Age and Remuneration (fixed) | Date, Time & Venue of Interview | Tenure |
|---|---|---|---|---|
| Office Assistant (Admn.) | Post - 02 | **Eligibility :**<br><br>1. Retired Assistant/ASO or equivalent in pay level-6/7 from Govt. of India/State Government/ attached and subordinate Offices/ Autonomous bodies.<br><br>2. The candidates for the post of Office Assistant should have wide experience of handling Central Secretariate function like drafting, noting, budget, Account related work i.e. preparation of monthly emoluments, IT/TDS/GST related works, MACP, PFMS, Tally etc. He/ She should have good knowledge of the Central Civil Service rules/ regulation, conduct/ CCS Rules/FR/SR etc. should be able to handle the cases independently and should have excellent communication and interpersonal skills have knowledge of Computer application such as MS Word, MS Excel and Power Point etc.<br><br>**आयु/Age Limit** : Maximum age should not exceed 64 years on the date of walk in Interview.<br><br>**पारिश्रमिक भुगतान /Remuneration** : Last Basic Pay drawn minus Basic Pension plus TA as admissible. | 07.07.2025<br><br>10.00 AM<br><br>**RARI, Poojapura, Trivandrum** | Initially for a period of 6 months, which may be curtailed or extended at the discretion of the competent authority. |

उपरोक्त निर्धारित योग्यताओं को पूरा करने वाले उम्मीदवारों से अनुरोध है कि वे उपर्युक्त पते, तिथि और समय पर कौशल परीक्षा/ साक्षात्कार में उपस्थित हों। आवेदकों ने सत्यापन के लिए मूल दस्तावेजों के साथ निर्धारित प्रारूप में अपना बायोडाटा, दो पासपोर्ट आकार के फोटो, पी पी ओ, पेंशन स्लिप और प्रमाण पत्रों की स्व-सत्यापित फोटोकॉपी मूल प्रतियों के साथ लाना चाहिए।

Interested candidates fulfilling the qualifications prescribed above are requested to appear for skill test/ Interview in the above mentioned address, date and time. Applicants should bring their bio data in the prescribed format, two passport size photographs, self attested photocopies of PPO, Pension slip and certificates along with the originals for verification.

## सामन्य निदेश / General Conditions :

1. नियुक्ति पूरी तरह से संविदा आधार पर होगी और किसी भी समय समाप्त हो जाएगी और निरंतरता या नियमित नियुक्ति के लिए कोई दावा स्वीकार नहीं किया जाएगा |

   The engagement would be purely on contract and co terminus at any time and no claim for continuance or regular appointment will be entertained.

2. साक्षात्कार में भाग लेने के लिए कोई टीए/डीए स्वीकार्य नहीं होगा |

   No TA/ DA will be admissible for attending the interview.

3. बायोडाटा जमा करने का प्रारूप परिषद की वेबसाइट www.ccras.nic.in से डाउनलोड किया जा सकता है/ The format for submission of bio data may be downloaded from the Council's website www.ccras.nic.in .

प्रभारी अनुसन्धान अधिकारी

# BIODATA FOR THE POST OF OFFICE ASSISTANT (ADMN.) AT CCRAS- RARI, THIRUVANANTHAPURAM

PHOTO

| Sl. No. | Name & Address of the Candidate with contact No. & email ID | Date of Birth | Details of Experience | Pay Level during Retirement and Basic Pension | Name of the Organization where presently employed | Remarks |
|---------|------------------------------------------------------------|---------------|----------------------|----------------------------------------------|--------------------------------------------------|---------|
|         |                                                            |               |                      |                                              |                                                  |         |

Any other information: ……………………………………………………………………………………………………………….. …………………………………………………………………………………………………………..

**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: