केंद्रीय होम्योपैथी अनुसन्धान परिषद्

(स्वायत् निकाय आयुष मंत्रालय, भारत सरकार)



CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

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





Jawahar Lal Nehru Bhartiya Chikitsa Avum Homoeopathy Anusandhan Bhawan 61-65 संस्थागत क्षेत्र ,डी-ब्लॉक के सामने ,जनकपुरी ,नई दिल्ली - 110058 61-65, Institutional Area, Opp. D-Block, Janakpuri, New Delhi – 110058

Advt. No. 170/2025-26

Dated:

07.08.2025

Engagement of Research Fellows (Dietician) & (Homoeo) on contract basis

The D.D.P.R Central Research Institute for Homoeopathy, Noida under C.C.R.H. intends to engage the following Research Fellows purely on contract basis through test/walk-in-interview on the dates mentioned against each between 9.30 to 10.30 a.m..

S.No.	Name of the p	ost		Date of interview
1.	Senior Research	Fellow (Dieti	cian)	19.08.2025 (Tuesday)
2.	Junior/Senior (Homoeo)	Research	Fellow	20.08.2025 (Wednesday)

The details about place of posting; essential qualification, experience, remuneration, etc. are available on the website of the Council, namely, www.ccrhindia.nic.in and www.ccrhindia.ayush.gov.in

Assistant Director(H)/S-4/Admn. I/c

(F/2015

The DDPR Central Research Institute for Homoeopathy, Noida under C.C.R.H. intends to engage the following Research Fellows purely on contract basis through test/walk-in-interview, as per details given below:

Name and No. of the post	Senior Research Fellow (Dietician) - 01 (One)	Junior/Senior Research Fellow (Homoeo) - Total- 07 (Seven) 01 for SC & 01 for OBC		
Qualification/experience required:	Essential: M.Sc. in Food and Nutrition/Dietetics/Home Science from a recognized University, with the ability to understand the local language. Desirable: One year of Research experience in Nutrition related subjects.	Essential: 1. Degree in Homoeopathy from a recognized University/Institute. 2. Enrolment on the Central Register of CCH or State Board of Homoeopathy. Desirable: i)NET/GATE/RET qualified candidates will be given preference. ii)Knowledge of basic computer operation.		
Age	Not exceeding 35 years as on the da SC/ST/OBC candidates as per rules			
Emoluments (per month)	Rs. 42,000/- (Consolidated) Rs	s. 37,000/- (Consolidated) plus R.A. as per rules		
Period of Engagement	Initially for a period of 06 months b	out is likely to be extended.		
Place of Posting	DDPR Central Research Institute for	or Homoeopathy, Noida-201301		
Date, Time and Venue of	Date: 19.08.2025	Date: 20.08.2025		
Interview	Reporting Time: 9.30 a.m. to 10.00 a.m. Venue: DDPR Central Research Institute for Homoeopathy, A-1/1, Sector-24, Noida-201301 (U.P.) Tel. No. 0120-2411320	Reporting Time: 9.30 a.m. to 10.00 a.m. Venue: DDPR Central Research Institute for Homoeopathy, A-1/1, Sector-24, Noida-201301 (U.P.) Tel. No. 0120-2411320		

(*) Note:

Candidates having MD qualification as included in the 2nd Schedule of Homoeopathy Central Council Act, 1973/MQRL of NCH or BHMS with 03 (three) years research experience as JRF/SRF can be considered for Senior Research Fellowship with remuneration of Rs. 42,000/- + HRA per month depending upon the requirement of Council.

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY, NEW DELHI

APPLICATIO	N FOI	R THE POST	OF			•••••	·····	
1. Name of the a		nt in full		:			Affix on attested passpor size coloure	
2. Father's/Hust	oand's	name		:			photograph	
3. Religion and (Attach attested in case of SC/S) format issued by	сору с	in the prescri	bed	:				
4. Address in B	lock le	tters with PIN	code					
a) Perma	anent			:	,			
b) Corre	sponde	ence		:				
c) E-ma	il Id			:				
d) Mobi	le/land	line phone no).	:				
5. Date of Birth	and ag	ge		:				
6. Educational	qualific	cations (Attacl	attested	copies of	relevant docu	ment	s)	
Qualifications Yea		Year of passing		Awarding authority			Year of completion of internship training	
7. Experience,	if any	(Attach atteste	d copies	of relevan	t documents)			
Experience	Per	riod in year		ration To	Name of Institute	the	Area/Subject of Research / Teaching	

8. Particulars of registration, if applicable

Registration no.	Date of registration		-	Status of renewal of registration	
------------------	----------------------	--	---	-----------------------------------	--

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

.

I declare that the information and particulars furnished by me, as above are true, complete and correct to the best of my knowledge and belief and nothing has been concealed or suppressed. I also fully understand that if any of the information is found incomplete/incorrect, false or misleading, my candidature is liable to be cancelled at any stage before appointment and if appointed, my appointment is liable to be terminated without notice or compensation in lieu thereof. I also understand that my candidature will be considered subject to criteria/conditions stipulated in the advertisement.

Dated:

Place:

Signature of Applicant

Note: Every page of the application, alongwith enclosures, should be continuously page numbered and also self attested by the candidate.

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY, NEW DELHI

APPLICATION FOR THE POST OF

Name of the applicant in full (in Block letters)		Affix one attested passport size coloured
2. Father's/Husband's name	:	photograph
3. Whether SC/ST/OBC/PH/Gen.	:	
4. Address		
Date:		
Date:		
Registration No		
Signature of the candidate	Signature of Rep. of	C.C.R.H.
	RESEARCH IN HOMOEOPATHY,	
		Affix one attested passport size coloured
APPLICATION FOR TH 1. Name of the applicant in full		Affix one attested passport
APPLICATION FOR TH	E POST OF:	Affix one attested passport size coloured
APPLICATION FOR TH 1. Name of the applicant in full (in Block letters) 2. Father's/Husband's name	E POST OF:	Affix one attested passport size coloured
APPLICATION FOR TH 1. Name of the applicant in full (in Block letters) 2. Father's/Husband's name 3. Whether SC/ST/OBC/PH/Gen.	E POST OF:	Affix one attested passport size coloured
APPLICATION FOR TH 1. Name of the applicant in full (in Block letters) 2. Father's/Husband's name 3. Whether SC/ST/OBC/PH/Gen.	E POST OF	Affix one attested passport size coloured
APPLICATION FOR THE 1. Name of the applicant in full (in Block letters) 2. Father's/Husband's name 3. Whether SC/ST/OBC/PH/Gen. 4. Address	E POST OF	Affix one attested passport size coloured