



राष्ट्रीय सोवा-रिग्पा संस्थान, लेह लदाख

आयुष मंत्रालय, (भारत सरकार)

NATIONAL INSTITUTE OF SOWA RIGPA

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

U.T Ladakh Leh 194101 Telefax: 01982-252449, 251448, E-mail: [nrisr.leh@gmail.com](mailto:nrisr.leh@gmail.com)

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Dated: 21.06.25

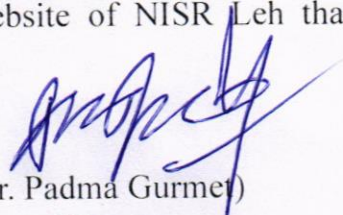
Advertisement Notice no. 1/2025

Applications in the prescribed format are invited from the eligible candidates for engagement as IT consultant on contractual basis in National Institute of Sowa Rigpa Leh (NISR), Leh Ministry of Ayush Near Head Post Office, Leh UT-Ladakh as per details given below.

Name of the Post	IT Consultant
Number of Post	1 (One)
Essential Qualification/ Experience required	Degree (B Tech/ B.E in (Information Technology/ computer science) or MCA from any govt. recognized institute/ University (Full time/ Regular). Must have 5 years post qualification experience in relevant field.
Desirable qualification/ experience	Experience in handling Admin role in e-Office
Age	Below 40 years as on closing date for receipt of applications
Monthly fixed remuneration	50,000/-

Duly filled in applications in the prescribed format along with self-attested copies of relevant documents should reach the office of Director NISR Leh on or before 30.06.25 by 4PM.

The application form can be downloaded from the website of NISR Leh that is [sowarigpainstitute.in](http://sowarigpainstitute.in).

  
(Dr. Padma Gurme)  
Director

Copy to:

1. The News editor Doordarshan Leh with the request to give wide publicity of the employment advertisement.
2. The news editor Akashwani Leh with the request to give wide publicity of the employment advertisement.
3. The Assistant Director, Department of Information and Public relation Leh.



# APPLICATION FORMAT

NATIONAL INSTITUTE OF SOWA-RIGPA, LEH

(MINISTRY OF AYUSH, Govt. Of India)

1.	Post applied for		Photo		
2.	Name				
3.	Date of Birth				
4.	Father's Name				
5.	Correspondence Address				
6.	Permanent Address				
7.	Mobile No. & Email ID				
<b>8. Educational Qualifications:</b>					
S.No.	Name of Board/University	Degree	Year of passing	% of Marks	Subjects
1.					
2.					
3.					
4.					
<b>9. Experience:</b>					
S.No.	Institute/Location	Worked from (Date)	Worked till (Date)	Position / Job Profile	Total Duration
1.					
2.					

3.					
4.					
5.					

It is certified that the information furnished above is correct and true to the best of my knowledge.

Place:

Date:

Signature of Applicant

List of Encl.:

- 1.
- 2.
- 3.
- 4.
- 5.