



॥ आयुषे सर्वलोकानाम् ॥

भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग
आयुष मंत्रालय, भारत सरकार
कार्यालय: 61-65, संस्थानिक क्षेत्र, जनकपुरी, डी-ब्लॉक नई दिल्ली-110058
National Commission for Indian System of Medicine
Ministry of Ayush, Govt. of India
Office: 61-65, Institutional Area, Janakpuri, D-Block New Delhi-110058

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क्रमांक / Ref. No.-General Matters/MARB/2023

दिनांक / Date: 15.12.2023

To,

The Principal/Dean/Director
All Colleges of Ayurveda, Unani, Siddha Systems of Medicine.

Subject: - Standard format for issuing the Experience certificate, Relieving order, Promotion Order, Department Transfer Order and Appointment Order and to receive the Joining report, reg-

Sir/Madam,

It is hereby informed that Institutions should follow a standard format for issuing the Experience certificate, Relieving order, Promotion Order, Department Transfer Order and Appointment Order and to receive the Joining report. Standard formats are enclosed with this email. This is to ensure that all important details are included in the certificates.

Further, institutions may add additional details/features in the format, if required.

Further, you are directed to use the standard format for issuing above mentioned certificates and reports with immediate effect.

Enclosed: Standard Formats

डॉ. रघुराम भट्ट उ.
Dr. Raghurama Bhatta U.
अध्यक्ष, भा.चि.प. चिकित्सा आकलन और रेटिंग बोर्ड
President, Medical Assessment and Rating Board for I.S.M.
भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग
National Commission for Indian System of Medicine
नई दिल्ली / New Delhi-110058
(Dr. Raghurama Bhatta U.)
President, Medical Assessment and Rating Board for Indian System of Medicine
(NCISM)

Copy to: -

1. The Chairperson, National Commission for Indian System of Medicine, New Delhi-110058.
2. Guard file

(Dr. Raghurama Bhatta U.)
President, Medical Assessment and Rating Board for Indian System of Medicine
(NCISM)

Name of the College:
Address
Logo
Institution ID
Contact details & Email-ID

Ref. No.

Date:

To,

Name of Faculty

Address

Appointment letter

Subject: - Appointment as _____ in the department of _____

Sir/Madam,

With reference to your application and subsequent interview , we are pleased to appoint you to the post of _____, in the department of _____ in _____ (name of the college) w.e.f. _____ with following Terms & Conditions:

(Institution can mention its own Terms and Conditions but the following points must be included)

1. Nature of appointment is regular
2. Mention the probation period, if applicable
3. Mention the salary offered
4. Mention the provision of EPF
5. Mention the amenities provided- quarters, transportation... as applicable
6. Mention the notice period

Name & signature of the Principal/Chairman/Director

Candidate's Declaration

I have gone through & understand the contents of this letter and agree to abide by the same.

Name: - Name of Faculty

Signature: _____

Place: -

Date: - _____

JOINING REPORT

From: _____

Resi. Add. : _____

Date: _____

To,

The Principal/Medical Superintendent,

College Address

Sub: Joining Report for the Post of _____

Ref: Your appointment order No. _____

Dated _____

Respected Sir/Madam,

I have received the above cited appointment order dated _____. I am accepting the same and joining to the post of _____ in the Department of _____ on _____ (Before noon/afternoon).

Yours faithfully,

Office Use Only

You are allowed to join the Post of _____ in the Dept. of _____ on _____ at _____ am/pm.

Signature with Seal
Principal/Medical Superintendent

Name of the College:
Address
Logo
Institution ID
Contact details & Email-ID

Ref. No.

Date:

Department Transfer Order

To,

Name of Faculty - Teacher code

Designation

Name of the Department

Sir,

You are hereby informed that you have been transferred from the Dept. of _____ to the

Dept. of _____ w.e.f. _____.

Principal
(Name, Sign & Seal)

Name of the College:
Address
Logo
Institution ID
Contact details & Email-ID

Ref. No.

Date:

Promotion Order

To,

Name of Faculty - Teacher code

Designation

Name of the Department

Subject: - Regarding Promotion as _____ in Department of _____

Sir,

As per your application dated _____ for promotion for the post of _____, this is to inform you that you are promoted to the post of _____ in the department of _____ w.e.f. _____ Your Pay Scale is _____.

Details of experience of the faculty*: -

Sl No.	Name of the Institution	Department (Subject)	Designation	From	To	Total (Year-Month-Day)
1.						
2.						
3.						
4.						
5.						
6.						

*(Experience in the previous and current institution)

Principal
(Name, Sign & Seal)

Name of the College:
Address
Logo
Institution ID
Contact details & Email-ID

Ref. No.

Date:

EXPERIENCE CERTIFICATE

This is to certify that Dr. _____ bearing teachers code _____ has worked in our institution,

_____ from _____

to _____.

His/Her Experience in previous institutions as per our records: -

Designation	From	To	Department

His/Her Experience in our institution: -

Designation	From	To	Department

Principal
(Name, Sign & Seal)

Name of the College:
Address
Logo
Institution ID
Contact details & Email-ID

Ref. No.

Date:

RELIEVING ORDER

This is to certify that Dr. _____ bearing teachers code _____ has worked in our institution,

_____ from _____ to _____.

His/Her Experience in previous institutions as per our records: -

Designation	From	To	Department

His/Her Experience in our institution: -

Designation	From	To	Department

He/She is relived from the post of _____ on _____ after office hours.

He/She bears a good moral character. We wish him/her a successful career.

Principal
(Name, Sign & Seal)