



केन्द्रीय उच्च तिब्बती शिक्षा संस्थान
དབུས་བོད་ཀྱི་གཙུག་ལག་སློབ་གནེར་ཁང་།
Central Institute of Higher Tibetan Studies
Deemed to be University
Sarnath, Varanasi 221007

Advt.No. CIHTS/Adm./Rectt./06/2024

Dated: 19.01.2024

NOTICE

**WALK-IN-SELECTION
FOR ONE Research Assistant (Dictionary)
CENTRAL INSTITUTE OF HIGHER TIBETAN STUDIES (DEEMED UNIVERSITY),
SARNATH, VARANASI (U.P.).**

Walk-in-Selection is scheduled to be held on **06.02.2024** at **03:00 PM** in the Office of the Hon'ble Vice Chancellor to engage one Research Assistant (Dictionary) for the Dictionary Department of the institute.

Nature of Job:

Research Assistant (Dictionary) shall work under the guidance and supervision of the HoD Dictionary Department and broadly perform the following duties as assigned to him from time to time.

- Research and compilation of Technical Terms for Encyclopedic dictionaries.
- Checking the references and its sources in Buddhist canons and texts of allied subjects.
- Editing the dictionary in Tibetan and Sanskrit
- Proof reading of the documents for publication
- Preparation of documents for publication.
- Any other duties as and when assigned by the Competent Authority from time to time

Upper Age Limit: 40 Years

Essential Qualification:

- Master's degree with 55% in Tibetan Studies/Buddhist Studies OR Equivalent Traditional Degree
- Erudition in Tibetan and Sanskrit language with the knowledge of Hindi and English

Desirable: Knowledge of DTP (Desktop Publication)

Salary: Rs. 27,284/- per month (fixed)

Selection Procedure: The selections shall be based on screening cum skill test and fulfilment of the advertised eligibility conditions.

Interested candidates may appear for walk-in-selection with **filled in prescribed application form enclosed herewith and photocopies of testimonials** on aforesaid date and time.

NOTE: Candidates are required to bring one set of self-attested photocopies along with the original certificate of eligibility at the time of screening cum skill test.


(Dr. Sujita Chandra)
Registrar



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Central Institute of Higher Tibetan Studies

(Deemed University)

Sarnath, Varanasi-221007(U.P.)

APPLICATION FORM

Advt. No.: **CIHTS/Acad./Rectt./06/2024**
Position: **Research Assistant (Dictionary)**
Department: **Dictionary Department, CIHTS**

Affix here a
latest Passport size
Photograph
and
signacross

I. GENERAL INFORMATION:

1. Full Name in block letters. Mr./Ms. _____
2. Date of Birth _____ In Words _____
3. Sex: Male/Female/Others _____ 4. Father's/Husband's Name _____
5. Mailing Address _____

_____ Pin Code _____
- Tel. No. _____ Mobile No. _____ E-mail _____
6. Permanent Address _____

_____ Pin Code _____
7. Marital Status _____ 8. Nationality _____
9. State of Domicile _____ 10. Category Gen/SC/ST/OBC/PwD/EWS _____

If belonging to SC/ST/OBC/PwD/EWS(attach certificate)

11. Languages known:

12. Names, Addresses, and contact phone numbers of two Referees:

(i) _____ (ii) _____

II. EDUCATIONAL QUALIFICATIONS:

Examination/Degree	Subject(s)	Percentage of Marks/Final Grade	Name of College/Institution/ University & Board	Year

III. WORKING EXPERIENCE: _____ years

IV. DETAIL OF EMPLOYMENT: (in chronological order starting with the most recent)

Name of Organization / Institution	Designation	Period		Nature of Duties	Salary
		From	To		

FORWARDING LETTER FROM PRESENT EMPLOYER OF THE APPLICANT (If applicable)

Forwarded with the remarks that Shri/Ms. _____ is working in this organization in the capacity as _____ from _____ to _____ and the institution/organization has no objection to the candidature of the applicant being considered for the post applied for as above.

Place: -----

Date: -----

Signature of Head of Institution:

Name:

Designation:

Address:

(Rubber Stamp)

DECLARATION

I hereby declare that the information given by me in the Application are true, complete and correct to the best of my knowledge and belief that nothing has been concealed or distorted thereof. If at any stage, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

Full Name: _____

Date: _____

Place: _____

(Signature of Applicant)