

# EN::News Paper

## Appendix-I

### Pharmacy Council of India (PCI)

(Statutory body under Ministry of Health & F.W.) Govt. of India Invites applications for the posts of  
.....1. **Senior Technical Assistant.**

**No. of Post:** 1 (One) for General category.

**Pay Scale :** Rs.9300-34800 (PB 2) + Grade Pay Rs.4600 plus other allowances at central government rates.

**Educational qualification and experience required: Essential -**

1. B.Pharm degree obtained from an institution/authority approved under section 12 of the Pharmacy Act, 1948.
2. A registered pharmacist.
3. 5 years experience in teaching / research / regulatory / hospital pharmacy. **Desirable -** Knowledge of computer applications.

**Age Limit:** Not exceeding 30 years as on the date of the publication of advertisement of the post. **Period of Probation :** 2 years.

#### **2. Technical Assistant.**

**No. of Post:** 1 (One) for General category.

**Pay Scale :** Rs.9300-34800 (PB 2) + Grade Pay Rs.4200 plus other allowances at central government rates.

**Educational qualification and experience required: Essential -**

1. B.Pharm degree obtained from an institution / authority approved under section 12 of the Pharmacy Act, 1948.
2. A registered pharmacist. **Desirable -**
  1. Atleast 2 years professional experience.
  2. Knowledge of computer applications. **Age Limit:** Not exceeding 30 years as on the date of the publication of advertisement of the post.

**Period of Probation:** 2 years. **Conditions:**

1. The Council reserves the right to withdraw this advertisement or part of it at any stage.
2. The prescribed qualifications are the minimum and mere possession and fulfillment of the qualifications does not entitle the candidates to be called for interview/test.

3. Application must be neatly typewritten on A-4 size paper in the prescribed proforma (**Annexure-I**).
4. Envelope containing application should be superscribed with "Application for the Post of **"Senior Technical Assistant"** or **"Technical Assistant"** as the case may be.
5. The applicant applying for both the posts shall apply separately for each post in separate envelope.
6. The candidates short-listed for interview/test will be informed by post. The council will not be responsible for any postal delay.
7. Original certificates should be produced only at the time of interview/test.
8. Persons working in Government/Public Sector Undertakings/Autonomous Organization should apply through proper channel. Candidates may send an advance copy of application. However, advance application shall be entertained by this council only when application through proper channel is received. It shall be necessary to furnish "No Objection Certificate" from the parent department/present employer at the time of interview/test.
9. Applications received after expiry of the prescribed period and/or found to be incomplete in any manner or not submitted in prescribed proforma will not be entertained and filed.
10. The decision of the Council in respect of selection shall be final and no correspondence in this regard will be entertained. Canvassing in any type from any source will disqualify the candidature of the applicant.
11. Each application must be accompanied by
  - i) A Demand Draft of Rs.100/- (Rupees One Hundred only) drawn in favour of Register-cum-Secretary, Pharmacy Council of India, payable at New Delhi.
  - ii) Two self addressed envelopes with postal stamps duly fixed on it giving complete postal address of the candidate.
12. The application, complete in all respects must be sent, directly or through proper channel (in case the candidate is already employed) so as to reach this Council **within 30 days** from the date of publication of advertisement in the Employment News. The applications received after the due date will be summarily rejected and filed.

**Registrar-cum-Secretary Pharmacy Council of India Combined Councils' Building Kotla Road, Aiwan-E-Ghalib Marg New Delhi-110002 Annexure-I Application Form Pharmacy Council of India, New Delhi Part-A**



1. Name of the post .....
2. Name in Full (in Block Letters) .....

3. Father's/Husband's Name .....

4. Date of Birth ..... Age on the date of publication of advertisement.

Years	Months	Days	

5. Nationality.....

6. a) Telephone (Residence).....

b) E-Mail ID.....

c) Mobile No.....

7. a) Address for correspondence (in block letters).....

Pin Code.....

b) Permanent Address (in block letters).....

Pin Code.....

8. Whether you belong to (Please tick) .SC\_\_\_ST\_\_\_OBC\_\_\_PH\_\_\_Gen \_\_\_

9. Educational Qualifications:

S. No.	Degree	Name of Institution	University	Year of admn	Year of passing	Division	% of Marks	Pharmacist Registration No.	Date of validity of registration

Please enclose self attested photocopy of-

a) proof of date of birth (10th certificate).

b) 12th certificate.

c) marks sheet of B.Pharm (1st to IVth year).

d) B. Pharm pass certificate.

e) valid pharmacist registration certificate from State Pharmacy Council indicating date of validity.

f) experience certificates.

g) degrees of other qualifications if any.

10. Employment Record (details in reverse chronological order, starting with the last job)

Name & complete address of the employer with Tel.No.	Designation of post held	Period of service in each post		Total experience			Brief nature of work and level of responsibilities
		From (Date)	To (Date)	Years	Months	Days	

11. Name and address of 2 persons (not related to you) who are well acquainted with your academic record and professional work for reference:-

1. Name .....

Address .....

Residential T.No. ....

Mobile No. ....

E-mail ID .....

**Date:**

Name.....

Address.....

Residential T.No.....

Mobile No.....

E.mail ID.....

**Name of Candidate .....Signature of Candidate .....Part-BDeclaration**

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. At any time if I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice / compensation.

**Name of Candidate .....Signature of Candidate .....**  
**10/30/Autonomous Body/Recruitment/Graduate/25-35/Permanent/Delhi**