Government of India

Ministry of Health & Family Welfare

Office of the Additional Director
Central Government Health Scheme
Swasthaya Bhawan , Suraj Kund Road, Meerut

Advt. No. 1/2016-17

Applications are invited from Indian citizens for the following posts of recruitment through written test.

1) **Category No. 1 : Pharmacist (Allopathy)**

a) **No. of Post :** 07 (Seven) = (UR-02 , 04 OBC, 01 ST)
b) **Pay Scale :** Rs. 5,200 to 20,200 + G.P. Rs. 2800/- & other admissible allowances in Pre-revised Pay Scale as per 6th C.P.C. (subject to revision of Pay & Other Admissible Allowances as per 7th C.P.C.)
c) **Essential Qualification :**
i) 12th class pass with Science subjects (Physics, Chemistry and Biology) or equivalent from a recognized Board or University;
ii) Diploma in Pharmacy from recognized institution and registered as Pharmacist under the Pharmacy Act, 1948 and
iii) Two years experience as Pharmacist in any recognized Hospital or Pharmacy after duly registered as Pharmacist under the Pharmacy Act, 1948 ; and

OR

i) Bachelor degree in Pharmacy (B.Pharm.) from a recognized University or equivalent ; and
ii) Registered as a Pharmacist under the Pharmacy Act. 1948.

d) **Age Limit :-** Between 18 and 25 years (Relaxable for Government servants upto the age of 40 years in the case of general candidates and upto 45 years in the case of candidates belonging to the Scheduled Castes or the Scheduled Tribes in accordance with the instructions or orders issued by the Central Government from time to time).
e) **Power to relax :-** Where the Central Government is of the opinion that it is necessary or expedient so to do, it may, by order, for reasons to be recorded in writing, relax any of the provisions of these rules with respect to any class or category of persons.
f) **Savings :-** Nothing in these rules shall affect reservation, relaxation of age limit and other concession required to be provided for the Scheduled Castes, the Scheduled Tribes, the Other Backward Classes, the Ex-serviceman and other special categories of persons in accordance with the orders issued by the Central Government from time to time in this regard.

GENERAL INFORMATION & INSTRUCTION FOR APPLICATION TO THE ABOVE POSTS

1) Number of vacancies mentioned herein may vary (Increase or Decrease) depending upon the Administrative exigencies.
2) The crucial date for determining the age limit of all candidates will be the closing date of receipt of application in India (and not the closing dates for those In Assam, Mizoram, Manipur, Nagaland, Meghalaya, Arunachal Pradesh, Tripura, Sikkim, Ladakh Division of Jammu Kashmir State, Lahaul and Spiti District and Pangi Sub Division of Chamba District of Himachal Pradesh, Andaman and Nicobar Islands or Lakshadweep) i.e. **three (03) weeks from the date of publication in Employment Newspaper.**

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3) Candidates employed in Government service should send their application through proper channel. However, they may send an advance copy to this Office along with "No Objection Certificate".

4) Age Relaxation for Government Employees: Candidates seeking age relaxation under this Para should submit certificate issued after the date of advertisement from his/her employer on the Office Letter Head to the effect that he/she is a regularly appointed Government Servant and not an ad-hoc/temporary/daily wages/hourly paid/contract basis employee who has rendered not less than three years continuous service on regular basis on Closing date . Age relaxation for SC/ST/OBC candidates is as per existing Government Rules.

5) Candidates seeking reservation as OBC status :
   i) The candidate should furnish the relevant OBC certificate in the prescribed format for Central Government jobs.
   ii) The Certificate that he/she does not belong to the persons/sections (Creamy Layer) should have reference to Government of India DOPT OM No. 36033/3/2004-Estt(Res) dated 14.10.2008.
   iii) Submit a declaration in the prescribed format given below.

OBC DECLARATION :

I.....son/daughter of Sh./Smt.....resident of village/town/city.....District.....State.....here by declare that I belong to the .....community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per order obtained in DOPT Office Memorandum No. 36012/22/93-Estt(SCT) dated 08.09.1993. It is also declared that I do not belong to the persons/sections (creamy layer) mentioned in column 3 of scheduled to the above referred OM dated 08.09.1993, O.M. No.360133/3/2004-Estt (RES) dated 09.03.2004 and O.M. No. 360133/3/2004-Estt.(RES) dated 14.10.2008.

Date :-
Place :-

Signature.....
Full Name.....
Address.....

6) Candidate belonging to OBC but coming in the creamy layer should indicate their category as General.

7) **Submission of Application :**

i) The application in the prescribed format given herewith duly supported with self-attested photocopies of all certificates and mark sheets should be sent by Speed Post/ Registered Post to the following address :- Additional Director, Central Government Health Scheme , Swasthaya Bhawan , Suraj Kund Road, Meerut 250002. The last date of receiving application is **three (03) weeks from the date of publication in Employment Newspaper.**

ii) In case of applicants residing in Assam, Mizoram, Manipur, Nagaland, Meghalaya, Arunachal Pradesh, Tripura, Sikkim, Ladakh Division of Jammu and Kashmir State, Lahaul and Spiti Districts and Pangi Sub Division of Chamba District of Himachal Pradesh, Andaman and Nicobar Islands or Lakshadweep the last date of receiving application is **Four (04) weeks from the date of publication in Employment Newspaper** .

iii) The Envelope should be Superscribed as " Application for the post of Pharmacist(Allopathic) in CGHS, Meerut-2016.

iii) Applications received after due date will not be considered.

8) Call letters for the Written Test will be sent to the eligible applicants after scrutiny of the applicants.
9) **Invalid Applications: An application will be summarily rejected for:**
i) Not conforming to the official format/having incomplete information/misrepresentation of facts/left unsigned/without an attested photograph/without thumb impression.
ii) Without self – attested photocopy of the following as enclosure :
a) Matriculation or equivalent certificate in support of their declaration of age. (Age of Admit Card/Mark Sheet will not be accepted)
b) Mark Sheet and Certificate of Higher Secondary or equivalent Examination passed.
c) Mark Sheet and Certificate of Senior Secondary or equivalent Examination passed.
d) Degree or Diploma Certificate or other Certificates in support of their educational qualification.
e) Registration Certificate of Pharmacy Council.
f) Caste Certificate for candidates belonging to SC/ST or OBC issued by the Competent Authority.
g) Experience Certificate (Compulsory for Diploma in Pharmacy).
h) OBC declaration format for OBC candidates in given format, if any.

10) The undersigned reserves the right to cancel/restrict/postpone/modify/alter the recruitment process at any stage without assigning any reason. Canvassing in any form will disqualify the candidate for appointment. No correspondence shall be entertained.

APPLICATION FORM FOR THE POST OF PHARMACIST (ALLOPATHIC)

(* Mandatory Field)

1. Advertisement No.*..... **1/2016-17**.....
2. Post applied for*.....
3. Full Name (In Block Letters)*.....
4. Father's Name*.....
5. (a) Permanent Address with Pin code*.....

   (b) Correspondence Address with Pin code*.....

Affix self-attested passport size photograph

6. Date of Birth*.....Year.....Month.....Days
7. Age as on closing date* ..... Year.....Month.....Days
8. Gender*.....
9. Marital Status*.....
10. Mobile No.*.....
11. Email address *.....
12. Whether belongs to SC/ST/OBC*.....
    (if yes , Name of the caste)

13. Details of Educational / Professional Qualification [SSC (10th)onwards] *:-
    (Enclose self-attested copies of certificate and mark sheets)

Name of the Examination Passed	Board/University	Year of Passing	Subjects	Percentage of marks	Total marks and Division

14. Experience(if any): (Enclosed self-attested copies of certificate)

Name and address of employer/institution	Period of Service Year of Passing		Designation (with Pay scale)	Description of Job	Reasons for leaving
	From	To			

15. Registration details with Pharmacy Council/ Nursing Registration Council (as applicable)*:-

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16. If employed in a Govt. Dept. / PSU, whether applied through proper channel : Yes / No.
(Enclosed NOC , If Yes)

I here by declare that the above information and details in the application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found to be false or incorrect or ineligibility being detected at any stage, my candidature/appointment may be cancelled / terminated without any notice. I also declare that I am citizen of India by birth/domicile.

CHECK LIST

Attested photocopies of following documents/Certificates are enclosed :-

1. **Matriculation or equivalent certificate as proof of age.**
2. **Copies of Education Qualification and Professional Qualification**
3. **Caste Certificate** SC/ST/OBC (non-creamy layer)
4. **Experience Certificate**
5. **NOC in case of candidates serving in Central/State Govt. /Public Sector Undertaking.**
6. **Two Latest identical passport size photograph (one pasted on application form).**
7. **Registration Certificate issued by Pharmacy council of India**

Left Thumb Impression

Place
Date

(Signature of the applicant)

ADDITIONAL DIRECTOR
C.G.H.S., MEERUT

Camp 17177/11/5001/167