All India Institute of Medical Sciences Raipur (Chhattisgarh)



G. E. Road, Tatibandh, Raipur-492 099 (CG) www.aiimsraipur.edu.in

ADVERTISEMENT FOR THE POST OF PHARMACIST ON CONTRACT BASIS UNDER CDC FUNDED MULTICENTRE PROJECT NO. AIIMSRPR/IEC/2019/274 ENTITLED "AIIMS, RAIPUR: INITIATING ANTIMICROBIAL STEWARDSHIP ACTIVITIES IN HOSPITALS IN INDIA" IN AIIMS, RAIPUR.

Eligible candidates are invited for Walk-in Interview on **06.03.2020** for below advertised post for a CDC funded project no. AIIMSRPR/IEC/**2019/274** entitled "AIIMS, Raipur: Initiating Antimicrobial **Stewardship activities in hospitals in India**" on contract basis of one year (may be extended further depending on the work efficacy).

| S.no | Name of the | Pay scale | Number of | Essential Qualifications | Age |
|------|-------------|--------------|-----------|--|--------------|
| | post | | posts | | limit |
| 1 | Pharmacist | Rs.17,840 /- | 1 | I)Essential: | <u>30</u> |
| | | consolidated | | a)10+2 from recognized Board | <u>years</u> |
| | | per month | | b)Diploma in Pharmacy(2 years course) from recognize | |
| | | | | Institution/Board | |
| | | | | | |
| | | | | II) Should be a registered pharmacist under Pharmacy | |
| | | | | Act, 1948. | |
| | | | | Desirable: I) Bachelor in Pharmacy from recognized | |
| | | | | Institution/Board. | |
| | | | | II) Work Experience of 2 years | |
| | | | | - | |

Terms and conditions

- 1. Application downloaded in the prescribed format from AIIMS Raipur WEBSITE (Attached along with advertisement) must be filled and brought on the day of Walk-in Interview.
- 2. Only applications downloaded from AIIMS Raipur WEBSITE and duly filled will be accepted. Incomplete applications or applications without prescribed format will not be considered.
- 3. Self-attested photocopies of eligibility qualification mark-sheets, degrees, work experience certificate, date of birth (class 10th certificate), Caste certificates, etc. may be annexed to the hard copy of the application and the same shall be produced in original along with photocopy and 2 passport size photographs for verification at the time of interview.
- 4. Candidates kindly ensure their eligibility for the given post.
- 5. No TA/DA will be given for the same.
- 6. Venue for the interview: Department of Microbiology, Gate No. 5, AIIMS Raipur, Tatibandh, Raipur (CG) Pin code- 492099.
- 7. Reporting time for interview: 10:00 AM.
- 8. Any candidate found ineligible will not be allowed to proceed for interview.
- 9. Result of the interview will be uploaded in the official website of AIIMS, Raipur as soon as possible.

Dr. Padma Das

E-mail: drdaspadma@gmail.com

Contact No- 851888172



All India Institute of Medical Sciences Raipur(Chhattisgarh)

G. E. Road, Tatibandh, Raipur-492099 www.aiimsraipur.edu.in

APPLICATION FORM FOR THE POST OFPHARMACIST ON CONTRACTBASISUNDER CDC FUNDED MULTICENTRE PROJECT NO. AIIMSRPR/IEC/2019/274 ENTITLED "AIIMS, RAIPUR: INITIATING ANTIMICROBIAL STEWARDSHIP ACTIVITIES IN HOSPITALS IN INDIA" IN AIIMS, RAIPUR.

| Name of the post applied for: | | | | | | | Size self- attested colour photograph | | | | | | | |
|-------------------------------|--------|-------|-------|-------|-----|------|---|-------|-------|--|--|--|---|-------|
| Name o | of the | Proj | ect:- | | | | | | | | | | ŀ | nere. |
| 1. Nar | ne in | bloc | k let | ters | :- | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2. Fat | her / | ' Hus | band | d's N | ame | in b | lock | lette | ers:- | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 3. Pos | stal A | ddre | ss: | | | | | | | <u>, </u> | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4. Sta | te :- | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 5. Pin | :- [| | | | | | | | |] | | | | |
| 6. Cor | ntact | Num | ıber: | - | | | | | | | | | | |

| 7. E-mail | 7. E-mail ID:- | | | | | | | | | |
|----------------------------|---|---------|---------|--|---------|-----|--------|--|--|--|
| 8. Permar | ient Address | : | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 9. State:- | | | | | | | | | | |
| 10 Pin:- | 10 Pin:- | | | | | | | | | |
| 11. Contac | 11. Contact Number:- | | | | | | | | | |
| 12. Date of | 12. Date of Birth with documentary evidence: Date Month Year | | | | | | | | | |
| 13. Category: UR/OBC/SC/ST | | | | | | | | | | |
| 14. Gender:- Male Female | | | | | | | | | | |
| 15. Educatio | onal Qualific | ation:- | | | | | | | | |
| Name of the | Subject/ | Univ | ersity/ | | Year of | 1 M | [orles | | | |

| Name of the Examination | | University/ Institute/ College | Year of Passing final examination | Marks obtained | Percentage |
|-------------------------|--|--------------------------------------|---|-------------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 16. WorkExperience | e if any:- |
|---|--|
| 17. If selected wha | t period would you require for joining the post: |
| correct in all resp information. I und | affirm that the information furnished above is true and eects to the best of my knowledge. I have not concealed any dertake that any information furnished herein is found to be I shall be liable for action as per rules in force. |
| Date:- | |
| Place:- | |
| Name of Candidate | : : |
| Signature of Candi | date: |
| | |