

PHARMACY COUNCIL OF INDIA

(A STATUTORY BODY UNDER MINISTRY OF HEALTH & FAMILY WELFARE)

E-MAIL : pci@ndb.vsnl.net.in

WEBSITE : www.pci.nic.in

Phone No. : 011-61299900 to 04

NBCC Centre, 3rd Floor,

Plot No.2, Community Centre

Maa Anandamai Marg Okhla Phase I

New Delhi – 110 020

Ref.No.1-16/2019-PCI

ADVERTISEMENT NO. 1-16/2019-PCI

The Pharmacy Council of India intends to engage the following personnels on full time and purely on contract basis amongst the recently retired person from the Central Govt./State Govt./Autonomous Bodies having drawn grade pay upto Rs. 6,600/-

Name of Position

No. of positions

Legal Consultants
(With LLB/LLM Qualification)

2

Age:- Not exceeding 65 years as on 31.12.2018

Address of the office
Pharmacy Council of India, NBCC Centre, 3rd Floor, Plot No.2, Community Centre Maa Anandamai Marg Okhla Phase-I New Delhi – 110 020

The interested candidates may apply to the PCI in proforma given in **Annexure-I**.

2. General Terms & Conditions information.

- (i) No TA/DA will be paid for appearing in the interview.
- (ii) Consultation Fee.

S.No	Category	Fee
1	Consultants retired from pension services	Last Pay (Basic Pay + Grade Pay) Basic pension + Dearness allowance at the current rate subject to ceiling limit of Rs. 55,000/-
2	Consultants retired from non-pensionable establishments	70% of the last pay (Basic Pay + Grade Pay + Dearness Allowance) subject to ceiling limit of Rs. 55,000/-

3. Allowances: The consultants shall not be entitled to any allowance such as DA, HRA, Transport allowance, Medical reimbursement and other any benefit.

4. Leave:

All PCI consultants on full time basis shall be eligible for 8 days' leave in a calendar year on pro rata basis. The un-availed leave shall not be allowed to be carried forward.

5. Last date for applying – 15.03.19.

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Paste self
attested passport
size photograph

APPLICATION FOR LEGAL CONSULTANT

1. Name of the Applicant-----
2. Father's/Husband's Name-----
3. Date of Birth-----
4. Age as on 31.12.2018

Years	Months	Days

4. Nationality-----
5. Category (SC/ST/OBC/GEN) -----
5. Date of Retirement/Superannuation-----
6. Pension Payment Order -----
(attach a copy of PPO)
7. a) Telephone No.(Residence)-----
b) E-mail ID-----
c) Mobile No.-----
d) PAN Number (attach a copy of PAN Card) -----
e) Aadhar No. (attach a copy of Aadhar Card) -----

8. a) Address for correspondence (in block letters) _____

Pin Code:

b) Permanent Address (in block letters) _____

Pin Code:

9. Last pay drawn/emoluments at the time of retirement
(Pay + Grade Pay) (attach Last Pay Certificate)

10. Post held at the time retirement-----

11. Educational Qualifications:

S.NO.	Qualification at graduate level	Name of		Year of Passing	Division	% of Marks
		Institution	University			

12. Details of Experience – starting with the post retired from (separate sheet may be attached, if required).

Post Held	Name of Organization	Period		Pay Band + Grade Pay pre-revised pay scale applicable the same be mentioned	Length of Service in years	Nature of duties performed
		From	To			
Total length of experience in years						
Knowledge of Computer with Typing Speed						
If selected what notice period required for joining						

13. Any other information

DECLARATION

It is certified that the information provided as above is true and complete in all respect and to the best of my knowledge and belief. If anything is found wrong/incorrect my application will be treated as cancelled and withdrawn.

(Signature of the Applicant)

Date-----

Name-----

Place-----

Address-----