PHARMACY COUNCIL OF INDIA

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

E-MAIL : pci@ndb.vsnl.net.in
WEBSITE : www.pci.nic.in

NBCC Centre, 3rd Floor,
Plot No.2, Community Centre
Maa Anandamai Marg Okhla Phase I
New Delhi – 110 020

Ref.No.1-16/2018-PCI

ADVERTISEMENT NO. 1-16/2018-PCI

The Pharmacy Council of India intends to engage the following personnles purely on contract basis through walk-in-interview.

<table>
<thead>
<tr>
<th>Name of Position</th>
<th>No. of positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptionist</td>
<td>2</td>
</tr>
</tbody>
</table>

(Graduate with fluency in English and
Computer knowledge preferably with two
years experience as receptionist)

Age:- Not exceeding 30 years as on 31.12.2018

<table>
<thead>
<tr>
<th>Address of the office</th>
<th>Date &amp; Time of walk-in-interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Council of India, NBCC Centre, 3rd Floor, Plot No.2, Community Centre Maa Anandamai Marg Okhla Phase-I New Delhi – 110 020</td>
<td>22.12.2018 at 11:00 A.M.</td>
</tr>
</tbody>
</table>

The interested candidates may appear for walk-in-interview on the date and time mentioned above. Please bring filled proforma given in Annexure-I along with requisite original documents and their attested copies.

2. **General information**

   No TA/DA will be paid for appearing in the interview.

3. **Terms and Conditions**

   **Fees:-** consolidated remuneration as per rule.
APPLICATION FOR RECEPTIONIST

1. Name in full (In Block Letters)-----------------------------------------------

2. Father’s/Husband’s Name---------------------------------------------------

3. Date of Birth-------------------------------------------------------------

4. Age as on 31.12.2018

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Nationality-----------------------------------------------------------------

6. Category (SC/ST/OBC/GEN/PH)-----------------------------------------------

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)-----------------------------------

..2/-
8. a) Address for correspondence (in block letters)________________________________________

__________________________________________________________

Pin Code:

b) Permanent Address (in block letters)________________________________________

__________________________________________________________

Pin Code:

9. Educational Qualifications:

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Qualification at graduate level</th>
<th>Name of Institution</th>
<th>Year of Passing</th>
<th>Division</th>
<th>% of Marks</th>
</tr>
</thead>
</table>

10. Employment record (details in reverse chronological order, starting with the last job -

<table>
<thead>
<tr>
<th>Name and complete address of the employer with Tel.No.</th>
<th>Designation of post held</th>
<th>Period of service in each post</th>
<th>Total experience</th>
<th>Brief nature of work and level of responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From (Date)</td>
<td>To (Date)</td>
<td>Years</td>
</tr>
</tbody>
</table>

Please enclose self attested photocopy of –

a) Proof of date of birth (10th pass certificate).
b) 12th certificate.
c) Graduation certificate
d) Experience certificates
11. Any other information

DECLARATION

It is certified that the information provided as above is true and correct in all respect 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-------------------------