

PHARMACY COUNCIL OF INDIA

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

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

NBCC Centre, 3rd Floor,

WEBSITE : www.pci.nic.in

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 personnels purely on contract basis through walk-in-interview.

Name of Position

No. of positions

Receptionist

2

(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

Address of the office	Date & Time of walk-in-interview
Pharmacy Council of India, NBCC Centre, 3rd Floor, Plot No.2, Community Centre Maa Anandamai Marg Okhla Phase-I New Delhi – 110 020	22.12.2018 at 11:00 A.M.

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.

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Paste self
attested
passport size
photograph

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

Years	Months	Days

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) -----

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

Pin Code:

b) Permanent Address (in block letters)_____

Pin Code:

9. Educational Qualifications:

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

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

Name and 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	

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-----