



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER:  
GAJAPATI, PARALAKHEMUNDI

Email – gajapatidmo@gmail.com /Telephone/Fax No. 06815-222205/222305 /223834

No. 8126 /2018

Dated 13/11/18

**ADVERTISEMENT FOR ENGAGEMENT OF PHARMACIST ON CONTRACTUAL BASIS IN THE DDCs UNDER H& FW DEPTT. OF THE GAJAPATI DISTRICT**

Applications are invited from the interested/eligible candidates for engagement of Pharmacist on Contractual basis in the DDCs of different Health Institutions under H&FW Department of Gajapati district. The last date of receipt of the forms/applications is by Regd/Speed post only within 30-11-2018 by 5.00.P.M. The details of eligibility criteria, Application Form as well as other conditions of Service can be downloaded from the District Website [http//www.gajapati.nic.in](http://www.gajapati.nic.in). The Applications received after due date and incomplete application in other format will not be entertained. The Candidate must apply in downloaded format only and read the eligibility criteria and other conditions carefully and send only the self attested Xerox copy of required documents. Also the candidates those have applied for the above post are requested to visit the District Website [http//www.gajapati.nic.in](http://www.gajapati.nic.in) till publication of provisional merit list for objection and date of original certificate verification of the above post on regular intervals in the district website ( with in 3 month time from the date of publication of the advertisement). Further no paper advertisement will be published for the above purpose

|   |  |   |
|---|--|---|
| 1 | Name of the post                         | Contractual PHRMACIST   |
| 2 | No. Of contractual posts to be filled up | 5 nos<br>(ST-4(M), SC(M)-1 ) Including PH-1, Ex-Serviceman-1, Sports Person-1 |

*[Signature]*  
12-11-18  
Chief District Medical & Public Health Officer,  
Gajapati, Paralakhemundi



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IN THE DDCs UNDER H& FW DEPTT. OF THE GAJAPATI DISTRICT**

| SL No. | Parameter                                | Details of the post  |
|--------|--|--|
| 1      | Name of the Post                         | PHARMACIST on Contractual basis  |
| 2      | No. Of contractual posts to be filled up | 5 nos<br>(ST-4 (M), SC-1 (M) Including PH-1, Ex-Serviceman-1, Sports Person-1  |
| 3      | Qualification                            | 1.He/she must have passed HSC or Equivalent examination.<br>2. He/she Must have passed +2 Science Examinations under CHSE, Odisha/equivalent.<br>3.He/She must have passed examination of Odia as language or test in Odia in ME School Standard conducted by School and Mass Education Department.<br>3.He/She must have passed Diploma in Pharmacy from any of the 3 Medical colleges & Hospitals of the State/ any other recognized private institutions duly approved by A.I.C.T.E or registered in Odisha Pharmacy Council. |
| 4      | Other Essential Requirements             | 1. He/She must be citizen of India.<br>2. He/She must be able to read, write and speak Odia<br>3. He/She must have Pharmacy Council registration.<br>4. He/She must have register his/her name in any employment exchange within the state and have a valid registration certificate.  |
| 5      | Salary                                   | Rs.5200/- p.m.+ Grade Pay Rs.2400/- or Rs.9500/- as per ORSP Rule-2017   |
| 6      | Age limits                               | Must not below the age of 21 years or above 32 Years as on 31-10-2018. The upper age limit shall be relaxed as per Govt. norms. Also the upper age limit will be allowed who are engaged on contractual basis under the central Plan schemes, State Plan Schemes and externally aided Schemes and below 45 years allowed take part in the recruitment process.   |

**General Condition:-**

1. The Candidates should apply to the **CDM&PHO, Gajapati** and the application should reach by Registered Post/ Speed Post only on or before **30-11-2018 by 5.00 P.M.** The application received after due date and incomplete application in other format (as Prescribed/Published) as well as without applicant signature will not be entertained and treated as rejected. The candidates are requested on top of the envelope must be superscribing name of the post applied for **“ Contractual Pharmacist for DDC”**.
2. The selection will be made on the basis of marks obtained in HSC, CHSE and D.Pharma Examination subject to Merit by the selection Board.
3. Before mailing of application carefully examined in cool mind that all documents must be attached and properly serially stapled with Sl no. as per application form.
4. The candidates those have applied for the above post are requested to visit the **District Website [http// www.gajapati.nic.in](http://www.gajapati.nic.in)** ( with in 3 month time from the date of publication of the advertisement) till publication of provisional merit list for objection and date of original certificate verification of the above post on regular intervals **in the district website.** **Further no paper advertisement will be published for the above purpose.**

**Documents Must be attached with the application must be self attested**

(1) Attested copies of the Residential/ Nativity certificates (2) Attested copies of HSC & CHSE and D-Pharma Certificates (3) Attested copies of marks list of HSC & CHSE and D-Pharma (4) Attested copies of Employment Registration Card, (5) Attested copies of Caste Certificate (6) Affix passport size recent photograph on the top of the application (7) Orissa Pharmacy Council registration Certificate (8) Service certificate in case of contractual pharmacist engaged under the central Plan schemes, State Plan Schemes and externally aided Schemes if any.

Sd/- Bipin Bihari Panigrahi  
Chief District Medical & Public Health Officer,  
Gajapati, Paralakhemundi

**APPLICATION FORM**

|  |  |                    |              |  |                             |                                  |        |
|--|--|--------------------|--------------|--|-----------------------------|----------------------------------|--------|
| Post Applied for   | <b><u>CONTRACTUAL<br/>PHARMACIST FOR DDC</u></b> |                    |              |  | Passport size<br>Photograph |                                  |        |
| 1.Full Name  |  |                    |              |  |                             |                                  |        |
| 2. Father/Husband Name   |  |                    |              |  |                             |                                  |        |
| 3.Date of Birth (DD/MM/YYYY)   |  |                    |              |  |                             | Age relaxation<br>claimed or not | Yes/No |
| 4.District of Domicile   |  |                    |              |  |                             |                                  |        |
| 5. Category if<br>SC/ST/SEBC/OBC/General   |  |                    |              |  |                             |                                  |        |
| 6.Employment Registration Card No.   |  |                    |              |  |                             |                                  |        |
| 7. Present Contact Address with<br>Telephone No.   |  |                    |              |  |                             |                                  |        |
| 8. Permanent Contact Address With<br>Telephone No.   |  |                    |              |  |                             |                                  |        |
| 9. Mobile No.  |  |                    |              |  |                             |                                  |        |
| 10 . Languages Read/ Spoken/Written<br>( Odia must)  |  |                    |              |  |                             |                                  |        |
| 11. Educational Qualification  | Institute /Board &<br>Location                   | Year of<br>Passing | Marks        |  |                             | Remarks                          |        |
|  |  |                    | Full<br>Mark | Mark<br>Secured                                    | % Age                       |                                  |        |
| Matriculation/ HSC   |  |                    |              |  |                             |                                  |        |
| +2/CHSE  |  |                    |              |  |                             |                                  |        |
| D.Pharma   |  |                    |              |  |                             |                                  |        |
| 12.D.Pharma Council Certificate<br>Registration No.  |  |                    |              |  |                             |                                  |        |
| 13. Present work Place where service<br>rendered under State plan/ Central Plan/<br>Externally aided Schemes |  |                    |              | 14.No. of years<br>continuous service<br>Completed |                             |                                  |        |

**DECLARATION**

I \_\_\_\_\_ Son/Daughter/Wife of  
Shri \_\_\_\_\_ Age \_\_\_\_\_ Year \_\_\_\_\_ resident of  
\_\_\_\_\_ District \_\_\_\_\_ hereby declare that the information given  
above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been  
concealed therein. I am well aware of the fact that if the information given by me is proved false/ not true,  
I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily  
withdrawn.

Date:

Signature of the Applicant