भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग
आयुष मंत्रालय, भारत सरकार
कमला नेहरू नगर, गाजियाबाद (उ.प्र.) एन.सी.आर. दिल्ली - 201002
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आजादी का अमृत महोत्सव

F. no. PCIM&H/Tech. 29030/Rect. RRDR/21-22/03 दिनांक.02/08/22

**ADVERTISEMENT No. 04/2022 ENGAGEMENT OF STAFF ON CONTRACT THROUGH 'WALK IN INTERVIEW'**

PCIM&H is conducting walk in interview on **22/08/2022** for engaging contractual staffs for following post under the NMPB sponsored projects entitled "Development of National Herbal Garden for Pharmacopoeial Species" on Contract basis.

| Sl. No. | Name of position | Age limit | Posit. No. | Qualifications | Monthly remuneration (consolidated) | Works to be carried out |
|---|---|---|---|---|---|---|
| 1. | **Project Assistant** (Development of National Herbal Garden for Pharmaco poeial Species) | Not more than 35 years | 01 | **Essential**<br>Under Graduate in Commerce/Accountancy.<br>**Desirable**<br>1. Knowledge of handling of accounts, ms-excel & word.<br>2. Experience of working in Central Govt. Department. | **₹ 18,000/-** | Duties related to NMPB projects accounts, preparation of bills, salary, procurement of goods, bank related works, preparation monthly and yearly expenditure |
| 2. | **Project Assistant** (Development of National Herbal Garden for Pharmaco poeial Species) | Not more than 35 years | 02 | **Essential**<br>Under Graduate in Botany/Life Science.<br>**Desirable**<br>Knowledge of medicinal plant, Plantation Background.<br>Good knowledge in English for writing and communication. | **₹ 18,000/-** | For helping officers in introducing new plants, their documentation, maintenance of green house and poly house |

Candidates fulfilling the eligibility criteria as mentioned above may appear for the Walk-in-Interview in Committee Room of Admin Block of PCIM&H on 22/08/2022 along with **duly filled-in prescribed application form, original testimonials** and attested photo copies of the following certificates - **a. Certificate in support of age (high school/matriculate) issued by any recognized**

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**Board. b. Certificate in support of educational qualification & experience. Interview will start at about 11 AM.**

**Note:**

1. The engagement will be purely on contractual basis and no claim for continuance or regular appointment will be entertained.
2. The contract initially would be for a maximum period of one year and may be further extended on year to year basis, subject to functional requirements and also subject to appraisal of the performance.
3. All staff will be subject to the guidelines of National Medical Plants Board / guideline of engagement of consultants in the Ministry of AYUSH.
4. The eligibility of candidates will be determined as on the last date of the receipt of application.
5. For interview at PCIM&H, No TA/DA will be paid for attending the interview.
6. The Director, PCIM&H reserves the right to accept or reject the application and postpone or cancel the interview without assigning any reason.

**Dr. Jayanthy A.**
**PSO (Phg) & CoPI**
**For Director I/c**

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**APPLICATION FORM FOR THE POST OF _____ UNDER NMPB FUNDED PROJECT ON CONTRACT BASIS IN THE PHARMACOPOEIA COMMISSION FOR INDIAN MEDICINES & HOMOEOPATHY**

Affix passport size photo duly self-attested

**1. Personal Details:**

1. Post applied for
2. Name of the applicant (Block Letters)
3. Father's / Husband's name
4. Date of birth (DOB)
5. Nationality
6. Permanent address
7. e-mail (block letters)
8. Mobile
9. Last post held in government service prior to retirement along with the name of organisation
10. Pay level / Grade Pay of the last post held
11. References

1.

2.

**2. Educational Qualifications: (Please attach self-attested copies)**

| S. No. | Degree / Diploma |
|---|---|
| | |
| | |

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**3. Professional Experience: (Please attach self-attested copies)**

| S. No. | Name of the organisation | Post held (prior to retirement) | Period of service |
|---|---|---|---|
| | | | |
| | | | |

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

**Signature with date**

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