

**OFFICE OF THE CHIEF MEDICAL OFFICER HEALTH & FAMILY WELFARE NANDANI HILLS SAMBA**

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**Advertisement Notice for hiring of Pharmacists in Pradhan Mantri Bhartiya Jan Aushdhi Kendra(PMBJAK) at District Hospital Samba.**

Applications are invited from eligible registered Pharmacists to work, on profit sharing basis, in the Pradhan Mantri Bhartiya Jan Aushadhi Kendras(PMBJAK) to be set up at District Hospital Samba.

**Eligible Criteria for an Applicant:-**

1. Applicant should be permanent resident of J & K and preferably residing in the District Samba.
2. Maximum age limit is 40 years (Candidates more in age shall be preferred over younger candidates.)
3. The candidate shall be a Pharmacist, registered with J & K Pharmacy Council. Preference shall be given to the candidates having Diploma in Pharmacy or higher related qualification from recognized institute.
4. He/She shall have working knowledge of operating computer for billing purpose.
5. He/she shall be unemployed for which he/she has to give an undertaking to this effect on stamp paper duly attested by 1<sup>st</sup> Class Judicial Magistrate.

**Terms & conditions:-**

1. PMBJAK shall be run on 24x7 basis under the supervision of Medical Superintendent Samba.
2. Engagement of Pharmacist in PMBJAK is a temporary arrangement for three years on performance basis and shall not confirm any right for his /her permanent absorption/regularization in the department and can be terminated any time without notice.
3. Out of total 20% margin on MRP of each drug as per guidelines ,registered pharmacists shall be provided 15 % (each Pharmacist -7.5%) of margin on MRP of each drug and rest of 5% of the margin shall go to HDF of DH Samba.
4. Only medicines supplied by BPPI should be sold at PMBJAK.
5. All the billing should be done by using software provided by BPPI.
6. ***The Selected Pharmacists shall execute an agreement with the department through Medical Superintendent, DH Samba attested by 1<sup>st</sup> Class Magistrate, that he/she will abide by all the terms and conditions as laid by the department and shall work under the supervision Medical Superintendent, DH Samba and shall not claim any regular appointment/regularization in the department in lieu of this agreement.***


Interested eligible candidates shall apply on application form duly printed A4 size paper as per format given below along with self attested copies of following documents:-

1. Academic & Technical Qualification Certificates
2. Pharmacist Registration Certificate
3. State Subject Certificate
4. Date of Birth Certificate
5. NOC from concerned DIC & District Employment Exchange
6. Certificate of Knowledge in computers.
7. Affidavit for unemployment duly attested by 1<sup>st</sup> Class Judicial Magistrate.
8. Postal Order of Rs. 200/- in favour of Chief Medical Officer, Samba payable at Samba

**Last date for submission of application forms is 28<sup>th</sup> May 2019.**

No:- CMO/S/Plg./2019-20/31-36

Dated:- 15-05-2019

  
(Dr. Rajinder Samyal)  
Chief Medical Officer  
Samba

Copy to the:-

1. Director Health Services, Jammu for kind information.
2. District Development Commissioner, Samba for kind information.
3. Executive Secretary, District Red Cross Society, Samba for information.
4. Medical Superintendent, DH Samba for information.
- ✓ 5. District Informatics Officer, Samba with the request to upload the notice on official website of District Samba.
6. District Information Officer, Samba with the request to get the notice published in two leading news papers
7. Notice Board.
8. Office Copy.



**Application form for hiring of Pharamcist for Jan Aushadhi Kendra at DH Samba**

1. Name of the Candidate:- \_\_\_\_\_

2. Parentage \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Permanent Address:-  
\_\_\_\_\_  
\_\_\_\_\_

5. Present Address \_\_\_\_\_  
\_\_\_\_\_

6. Mobile No \_\_\_\_\_ Email ID \_\_\_\_\_

7. Detail of Qualifications:- Academic/Technical

Exam Passed	Year of passing	Name of the Board	Subject	Marks Obtained	Max. Marks	%

8. Knowledge of Computer \_\_\_\_\_

I hereby declare that above stated information given by me is correct to the best of knowledge & belief. I further undertake that I shall be liable to face action as warranted under rules in case of false submission of information.

Place:-

Date:-

(Signature of the Candidate)

