

**HINDUSTAN COPPER LIMITED**  
( A Govt. of India Undertaking)  
**MALANJKHAND COPPER PROJECT**  
Post :Malanjkhanda Pin : 481116  
Tehsil: Baihar  
District: Balaghat – M.P.

Ref: HCL/MCP/HR/ADHOC JR PHARMACIST/2012

**ADVERTISEMENT FOR THE POST OF JUNIOR PHARMACIST (1 post) ON CONTRACTUAL BASIS**  
**(CONSOLIDATED AMOUNT OF Rs. 11,100 PER MONTH) for a period of 5 yrs**

Applications are invited in the prescribed application form (appended to this advertisement) from the eligible candidates who are qualified as well as experienced and fulfill the below mentioned requisites and instructions for the post of Junior Pharmacist on Contractual basis at Malanjkhanda Copper Project, a Unit of Hindustan Copper Limited ( A Govt. of India Enterprise) as given in this advertisement.

**REQUISITES:**

1. **Qualification and Experience:** Intermediate/ Higher secondary with Dip. in pharmacy & 6 years exp in the line or B. Pharm with 4 years exp. in the line. Must be registered with Pharmacists Council.

**Desirable:** Knowledge of computer applications and experience in maintaining stock records of medicines, indenting of medicines etc.

2. **Age:** Below 35 years as on 15/3/2012. Relaxation in age for those belonging to SC/ST Community by 5 years and for those belonging to OBC (Non creamy layer) by 3 years and for ex-servicemen as per rules in vogue from time to time.

3. **Selection Procedure:** Any Indian National who is otherwise eligible and fulfils the requisites as mentioned above may apply.

All eligible candidates who are otherwise eligible as per this advertisement in all respects will be called for Interview to be conducted by the duly approved Selection Committee and Practical Test in Computer Application.

Further the advertisement shall be governed by Office Memorandum No. – 14024/2/96-Estt(D) of Government of India, Ministry of Personnel, P.G. & Pensions, Department of Personnel & Training dt 18.05.1998 for recruitment.

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4. **Medical Fitness** : Candidates are required to be found medically fit in all respects for the said post and their appointment is subject to their being found suitable in all respects among others including Interview and Practical Test and also medically fit by Malanjkhanda Copper Project Hospital .

#### **BENEFITS:**

1. **Remuneration**: The appointees shall be paid a consolidated amount of Rs. 11,100 per month. No other payment shall be admissible to them.
2. **Free Medical Treatment**: Free medical benefits at Project Hospital, as required, for self only.
3. **Accommodation** : Accommodation as per entitlement of scale at rents applicable for regular employees.
4. **Electricity charges for Company quarter** : As per rates applicable to regular employees.
5. **Canteen** : Canteen facilities as applicable to regular employees.
6. **Minibus** facilities as applicable to regular employees.
7. **Casual leave** for 12 days in a year.
8. **PF deduction/ contribution** as per rules.
9. **Service Conditions** : Appointees will be governed by the rules and regulations as applicable at Malanjkhanda Copper Project for workmen and appointment is subject to being found medically fit by Malanjkhanda Copper Project Hospital.
10. **Reservation** : As per Govt. directives in vogue.

#### **INSTRUCTIONS :**

1. Photocopies /Xerox copies of the following duly signed by self on each of the copies and attested by a Gazetted Officer are to be appended to the duly filled-in prescribed application as under:

- A) (i) **Copy of the latest pay or salary slip** containing the Provident Fund deduction,  
(ii) **Copy of Latest Provident Fund slip**, if issued, by the Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary (as the case may be) as a proof of Provident Fund deduction/accumulation.  
However, at the time of joining the organization, proof of deduction/accumulation of Provident fund for 4 or 6 years as applicable should be produced in either of the case as shown at A (i) or (ii) above, if applicable.
- B) **Photocopy of Experience certificate\*** Photocopy of Experience certificate is to be produced by the applicant from where he/she has worked in Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary ( as the case may be) duly registered with Pharmacist Council recognized by either Central or State Govt.

Experience Certificate must contain Name and full address of the Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary etc (as the case may be) during the period for which experience certificate is issued, in which the applicant worked, Provident Fund number of the candidate, if any and the date from which the candidate has been on the rolls of the same and the date on which he left the same.

Experience certificate must contain Registration Number of the Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary (except for those run by Central Government /State Government/Public Sector undertakings) and Full Address of the Registration Authority with which the Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary is Registered (except those run by Govt./Public Sector Undertakings)

- C) **Photocopy of Bank account**, if any, as a proof towards remittance of salary to applicant by his previous employer.
- D) **Photocopy of Reference Certificate from Two references:** Photocopies of Reference Certificate as given in Annexure I (Annexure I is appended to the application form which should be filled in ) should be submitted wherein at least two references who are presently working from the same organization from where the applicant is working or has worked who can be referred to by us to know about the credentials about his working in the organization .

The references shall certify that they know the candidate for period mentioned in the certificate and also certify that the experience shown by the candidate is correct to the best of their knowledge.

Name, Designation, Full Official address, Full Residential Address, phone Number, if any, of the two references shall be given.

- E) **Educational qualifications:** One Photocopy each of all educational qualifications.

- F) **Caste Certificate**: Photocopy of the caste certificate issued by the authority concerned should be attached to the application form wherever applicable.
- G) **Ex-serviceman Certificate**: Photocopy of the Ex-serviceman certificate issued by the authority concerned containing the full details of discharge from the armed forces etc.
- H) **Photocopies of the certificates** from S.No.1 (A) to (G) above wherever applicable are to be attested by Gazetted Officers of Central or State Govt. with their name, designation and full address. The photocopies should also be signed by the applicant with his name and date mentioned below the signature
- I) All Original certificates must be produced at the time of Interview and Practical Test for verification with the photocopies submitted at the time of application.

The application in the prescribed form (Along with Annexure I) and all the above mentioned photocopies are to be submitted on or before 9/2/2012 to the following address by **Registered Post** :

Chief Manager(HR &A)  
Malanjkhand Copper Project,  
Hindustan Copper Limited,  
Post : Malanjkhand ,  
Tehsil : Baihar,  
District Balaghat  
Pin Code 481116  
Madhya Pradesh

**Note : If any changes/rectifications are there in the advertisement the same will be web hosted**

**APPLICATION FOR THE POST OF JUNIOR PHARMACIST ON CONTRACTUAL BASIS**

Ref: HCL/MCP/HR/ADHOC JR PHARMACIST\_/2012

Applicant to  
Affix his recent  
colour Passport size  
photograph with his  
signature attested  
across the photo

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

2. Father's Name : \_\_\_\_\_  
Day Month Year

3. Date of Birth :: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
&  
Age as on 15/3/2012 \_\_\_\_\_

4. Personal Identification : a. \_\_\_\_\_  
Marks /Birth marks  
b. \_\_\_\_\_

5. Full Postal  
Address for Communication: a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin Code: \_\_\_\_\_

(Please tick either YES or NO whichever is applicable and strike off  
Whichever is not applicable with X mark)

6. Community to which you :  
Belong

SC	ST	OBC(Non-creamy layer)	OTHERS	EX-SERVICEMAN
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(PLEASE TICK MARK ON THE COMMUNITY TO WHICH YOU BELONG AND  
STRIKE OFF WITH X TO WHICH YOU DO NOT BELONG)

7. Educational qualifications including Dip in Pharmacy or B.Pharm course (as applicable)

Name of the examination passed	Year of passing the examination	School/Institution from which passed	Total Marks	Marks Secured	Percentage of marks secured	Remarks, if any

8. Details of Dip in Pharmacy/B.Pharm course :

**Registration No.**

**Valid from:**

Name of the Registration Body/Council

9. Experience Details\* :

SL. No.	Nature of Experience or Description of Experience	Provident Fund Code No., if any, of the applicant in the Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary (as applicable)	Period of Experience ( Dates of Experience i.e date from which the candidate has been on the rolls of the Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary (as applicable) and date on which he left the same should be mentioned )		(i)Name and address of the Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary ( as applicable)  (ii)Registration No. of the Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary ( as applicable) [except those run by Govt./Public Sector Undertakings]	Name and Full address of the Registration authority with whom the Hospital/Nursing Home/Clinic/Nursing College/Medical College/Dispensary ( as applicable) is registered
			From	To		
					(i)  (ii)	
					i)  (ii)	
					i)  (ii)	

\*Separate sheet may be attached with signature and date, if the space given for experience is insufficient.

List of photocopies of documents duly attested by Gazetted Officer and signed by applicant attached:

- |  |               |
|--|---------------|
| 1. Educational qualifications                        | YES/NO        |
| 2. Date of Birth proof                               | YES/NO        |
| <b>3. Diploma in Pharmacy</b>                        | <b>YES/NO</b> |
| <b>Or</b>  |               |
| <b>B.Pharm course</b>                                | <b>YES/NO</b> |
| 4. Experience Certificate (s)                        | YES/NO        |
| 5. Caste certificate(wherever applicable)            | YES/NO        |
| 6. Ex-serviceman Certificate(wherever applicable)    | YES/NO        |
| 7. Latest Pay/Salary Slip                            | YES/NO        |
| 8. Latest Provident Fund Contribution/Deduction Slip | YES/NO        |
| 9. Bank Pass Book containing salary details, if any  | YES/NO        |

Certified that all the information furnished in the application including the Annexure I is true to the best of my knowledge and in case of false information my candidature may be terminated at any of the stages of recruitment and also during my service, if I am selected.

Signature of the applicant

Place:

Date:

CERTIFICATION BY TWO REFERENCES TO VOUCH FOR THE CANDIDATE REGARDING HIS DETAILS WHO KNOW THE APPLICANT PERSONALLY

**REFERENCE NO.1**

1. Certified that, I the undersigned know Shri \_\_\_\_\_ S/o \_\_\_\_\_  
\_\_\_\_\_ personally and certify that he has been working in this organization i.e. M/s.  
\_\_\_\_\_ for the period from \_\_\_\_\_  
to \_\_\_\_\_ as \_\_\_\_\_ and the experience is true to my knowledge

Signature:

Name:

Date:

Designation:

Official Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

E-mail if any \_\_\_\_\_

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**REFERENCE NO.2**

1. Certified that, I the undersigned know Shri \_\_\_\_\_ S/o \_\_\_\_\_  
\_\_\_\_\_ personally and certify that he has been working in this organization i.e. M/s.  
\_\_\_\_\_ for the period from \_\_\_\_\_  
to \_\_\_\_\_ as \_\_\_\_\_ and the experience is true to my knowledge

Signature:

Name:

Date:

Designation:

Official Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

E-mail if any \_\_\_\_\_

(Photocopy of this annexure should be attested by a Gazetted officer and duly signed by applicant)