

Application Form

ADVERTISEMENT FOR RECRUITMENT ON OUTSOURCING BASIS AT FOOD & DRUGS ADMINISTRATION BHOPAL M.P

Last date of submitting Application date 29/02/2020

Applications are invited for eligible candidates on e-mail or hard copy delivery at the following

Address:-Plot No.55 Saluja Complex 1st Floor Zone-1 M.P. Nagar Bhopal.

Contact No. 0755-4004603

Mobile No. 9806481993.

Email- mpconsultancy.bpl@gmail.com

S. No.	Designation	No. of Posts	Qualification	Experience	Salary	Place
1.	Chemist	10	M.sc & B.sc in Chemistry or Food & Technology B. Pharma/M. Pharma	1 Year Experience in Lab of food and Drugs.	As per Collector Rate (Highly Skilled)	Bhopal.
2	Computer operator	2	CPCT, PGDCA	Should have at least 1 year of experience.	As per Collector Rate (Highly Skilled)	Bhopal.

Note: Result awaited candidates (no need to apply)

Terms & Condition:

1. Applicants need to submit a set of 1 sets of CV with photograph, eligibility qualification mark sheets, degrees, experience certificates and other relevant testimonials as mentioned in application form .The original documents will be verified at the time of interview.(with five set of self-attested photography/Xerox).
 2. No travelling allowance will be paid to the candidate for attending the interview.
 3. PVR & Medical fitness report to be submitted before the joining of the selected candidates.
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Application Form

ADVERTISEMENT FOR RECRUITMENT ON OUTSOURCING BASIS

Helpline No. - 0755-4237403

Last date of submitting Application date 20/03/2020. Forms will be accepted only before 11:00AM at Food & Drugs Administration Bhopal M.P.

Please read the terms and conditions carefully and fill the Application Form in Capital Letters in Black Ball Point Pen only.

The Candidate should be Indian National.

POST APPLIED FOR	
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1. CANDIDATE'S NAME (please keep one box blank between first name, middle name & surname)

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)
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2. FATHER'S NAME

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)
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3. GENDER (Tick in box): MALE FEMALE

4. MARITAL STATUS (TICK (✓) ONE OF THE BOXES) SINGLE MARRIED WIDOW DIVORCEE

5. SPOUSE NAME (IF MARRIED)

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6. NUMBER OF CHILDREN:

7. CATEGORY Please (✓) tick one Box: UR ST SC OBC

(For item nos. 8 to 11 WRITE "YES" OR "NO" IN THE BOX)

8. DOMICILE OF M.P.:

9. HANDICAP:

10. DATE OF BIRTH:

11. AADHAR CARD No:

12. ADDRESS FOR COMMUNICATON (IN CAPITAL LETTERS)

Name:-.....
F/H Name: -.....
Address:-.....
.....
.....
State: -..... Pin Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please affix one recent
Photograph with
Attestation

13. CONTACT DETAILS

STD Code:..... Ph. No.....

Mobile No.

Email ID.....

Signature of Candidate

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(2)

14. CANDIDATE'S PERMANENT ADDRESS:

SAME AS ABOVE

Name: -
F/H Name: -
Address:-
.....
State: - Pin Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

15. STATUS OF ACADEMIC QUALIFICATION

Name of Examination passed(from 12th onwards)	Course	Year of Passing	Total Maximum Marks of the course	Total Marks obtained in all group/ years by the candidate	%age of Aggregate marks/ Grade obtained in final year/ final Examination	Institute / university
12th / intermediate, pre-university						
Graduation						
Post Graduation						
Other						

16. EXPERIENCE DETAILS (Please indicate post qualification experience only):

POST	NAME OF ORGANIZATION	Nature of duties	Period	Salary (Rs. Per Month)

DECLARATION:-

I hereby declare that the above particulars are true in every respect and nothing has been concealed or withheld by me. If any information furnished above is found false at any time, my candidature/appointment may be cancelled without any notice and legal action may be taken accordingly.

ENCLOSURES: (PLEASE TICK (✓) THE ITEMS ATTACHED, IN THE BOX. ATTESTED COPIES OF SERIAL NO.1 TO 9)

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|--|--|
| 1. <input type="checkbox"/> M.P. DOMICILE CERTIFICATE | 2. <input type="checkbox"/> CERTIFICATE FOR PROOF OF DATE OF BIRTH |
| 3. <input type="checkbox"/> ADHAR CARD | 4. <input type="checkbox"/> HANDICAPPED CERTIFICATE |
| 5. <input type="checkbox"/> MARK SHEET FOR ALL GROUP OF EXAM/YEARS | 6. <input type="checkbox"/> CASTE CERTIFICATE (SC/ST/OBC) |
| 8. <input type="checkbox"/> NOC OF EMPLOYER (IF APPLICABLE) | |

PLACE:

DATE:

Signature of Candidate

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