

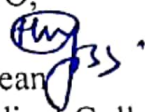
## WALK IN INTERVIEW

Walk-in interview for the following post will be held at Microbiology Department, B.J. Medical College, Ahmedabad on 12<sup>th</sup> March 2024 at 9:30 am. Candidate should remain present with application, their original documents as well as one photocopy of certificates, photograph and photo-identification proof under National Programme on Containment of Antimicrobial Resistance (AMR) Project of National Center for Disease Control (NCDC), Delhi by Ministry of Health and Family Welfare, India.

- **Pharmacist-** Age not more than 40 years, Essential Qualification 10+2 and Diploma in Pharmacy or above from a recognized Institution/Board. Desirable- Experience in dispensing and/or storage and dispensing of drugs in a reputed hospital or institution or in a drug store or a pharmaceutical concern. He/She should be able to perform data entry and analysis of antimicrobial consumption. Remuneration of Rs 25000/- per month consolidated. No other allowances are permissible.

**The above mentioned post is purely on contractual basis.**



B/O,  
  
Dean  
B.J. Medical College,  
Ahmedabad

NATIONAL PROGRAMME ON CONTAINMENT OF ANTIMICROBIAL RESISTANCE OF NATIONAL CENTER FOR DISEASE CONTROL (NCDC), DELHI BY MINISTRY OF HEALTH AND FAMILY WELFARE, INDIA.  
DEPARTMENT OF MICROBIOLOGY, B. J. MEDICAL COLLEGE, CIVIL HOSPITAL, AHMEDABAD – 380016

BIO-DATA

Recent  
passport size  
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1. Name of the Post, applied for : \_\_\_\_\_
2. Name of the Project : \_\_\_\_\_
3. Name in full (In BLOCK LETTERS) : \_\_\_\_\_  
(SURNAME) (NAME) (FATHERS NAME)
4. Mother's Name : \_\_\_\_\_
5. Father's Name : \_\_\_\_\_
6. Husband's Name : \_\_\_\_\_
7. Guardian Name & Phone No. : \_\_\_\_\_
8. Address for Correspondence : \_\_\_\_\_  
(With Telephone / Mobile No & E-mail ID) \_\_\_\_\_
9. Permanent Address : \_\_\_\_\_
10. Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_
11. Marital Status : Married / Unmarried
12. Educational Qualifications :

Sr. No.	Examination Passed	Grade	Year of Passing	Board / University	Specialization

13. Work Experiences :

Sr. No.	Period From	Period To	Total Period	Post Held & Scale of Pay	Name of the Employer	Reason for Leaving

14. If selected what period would you require joining the post: \_\_\_\_\_
15. If selected the candidate will have to provide fitness certificate from an authorized medical practitioner.

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Candidate