



Surat Municipal Corporation

Surat Municipal Institute of Medical Education & Research (SMIMER), Surat

Near Bombay Market, Umarwada, Surat-395010, Gujarat



Recruitment of Technical Associate/ Junior Pharmacovigilance Associate (at Department of Pharmacology, SMIMER, Surat under the Pharmacovigilance Programme of India~PvPI)

Applications are invited for one (01) post of **Technical Associate/ Junior Pharmacovigilance Associate** on contract basis and consolidated fixed salary under the Pharmacovigilance Programme of India (PvPI) at Department of Pharmacology, Surat Municipal Institute of Medical Education & Research (SMIMER), Surat.

Name of Post	Technical Associate/ Junior Pharmacovigilance Associate
Qualifications	Master degree in Pharmacy / Clinical Pharmacology / Pharmacy Practice / Clinical Research OR Pharm D./MBBS/BDS from a recognized Institute /University
Salary	Rs. 26,250/- per month (contract basis, consolidated & fixed salary)
Desirable Experience	One year experience in Pharmacovigilance and good knowledge of computers.

The duly filled application in prescribed format along with requisite documents should reach to the Office of the Dean, "D"- Block, Surat Municipal Institute of Medical Education & Research (SMIMER), Near Bombay Market, Umarwada, Surat-395010, Gujarat on or before 20/05/2021.

**DEAN
SMIMER**



SURAT MUNICIPAL INSTITUTE OF MEDICAL EDUCATION & RESEARCH
SURAT MUNICIPAL CORPORATION

Umarwada, Near Bombay Market, Surat-39510

0261-2366367; 2368040-44; Fax: 0261-2343241; www.suratmunicipal.gov.in

Affix Passport
Size
Photograph
(Self Attested)

Application Form

(Complete In Block Letters)

1. Post Applied for

- Designation: _____
- Specialty: _____

2. Name of Candidate: _____

(Surname)

(First Name)

(Middle Name)

**3. Father's Name /
Husband's Name:** _____

(Surname)

(First Name)

(Middle Name)

4. Address

City: _____ **State:** _____ **Pincode:** _____

**Telephone
Numbers**

Home (with code): _____

Mobile: _____

E-mail Address :

a) _____

b) _____

5. Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

6. Sex:

Male

Female

7. Category:

SC

ST

SEBC

General

**8. Present
Occupation:**

Guj. Govt/Private College/Others _____

Name

of

Institution:

Address

of

Institution:

9. Whether CCC+ exam passed?

Yes

No

10. Educational Qualifications:

Examination	Registration Number	Year of Passing	Name of the University	Percentage	Attempt	Score*
Final MBBS/ BDS/ M. Pharm						
PG Diploma						
PG Degree (MD/MS/MDS)						

*for office use only

11. Any qualification Pertaining to Pharmacovigilance (Attach Certificate of yes)

12. Experience in Pharmacovigilance (Attach Certificate of yes)

13. Details of Teaching Experience:

Designation	Name of Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience in years & months	Score*

*for office use only

14. Details of Research publications

State/National / International Journal	No. of Publications	Name of Journal	Journal is Indexed (Yes/No)	Name of Article (attach separate list)	Score*

*for office use only

15. Check-List:

Please tick (√) in the appropriate box the document you have submitted with your application (attach **attested xerox copies** wherever applicable in the sequence given below.)

S. No	Document	Please Tick
(1)	M.B.B.S. /BDS/ M.Pharm	(a) Mark Sheet
		(b) Attempt Certificate
		(c) Degree Certificate
		(d) Registration Certification
(2)	PG Diploma	(a) Mark Sheet
		(b) Attempt Certificate
		(c) Degree Certificate
		(d) Registration Certification
(3)	MD/MS/MDS :	(a) Mark Sheet
		(b) Attempt Certificate
		(c) Degree Certificate
		(d) Registration Certification
(4)	Qualification in Pharmacovigilance	
(5)	Experience Certificate	
(6)	Caste Certificate when applicable (Domicile of Gujarat)	
(7)	Birth Date Certificate/ School Leaving	
(8)	Research Publication with proof of Indexation.	
(9)	NOC of Present Employer	

If selected willingness to join within [] days.

Place: _____

Date: _____

(Signature of the Applicant)

DECLARATION

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief.

In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like education qualification, marks, experience etc., I understand that my selection is liable for cancellation.

I further understand that my selection is purely provisional subject to the verification of the eligibility conditions.

I undertake to abide by the decision / order of the Dean to cancel my provisional selection and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of selection or at any time during the course of my employment.

I hereby agree, if selected, to conform to the Rules and Regulations of the Medical College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a employee of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Regarding payment of salary from Indian Pharmacopoeia Commission.

Place: _____

Date: _____

(Signature of the Applicant)