VACANCY NOTICE

Applications are invited from **eligible ST candidates** for appointment to the undermentioned post. The applications alongwith testimonials indicating educational qualification, technical qualification, experience, ST certificate, age proof and EE Regn. Card should reach to the Directorate of Health Services, Port Blair **on or before 25.8.2009** positively in the prescribed format. No applications will be entertained after 25.08,2009.

01.	Name of post	Pharmacist Grade III	
02.	No.of post	03(three)	
03.	Scale of pay	Rs. 5200-20200 Plus GP Rs. 2800	
04.	Category	Scheduled Tribes of A&N Islands	
05.	Age limit	18 to 33 years for male & 18 to 38 years for female. Relaxable to ST candidates upto 5 years.	
06.	Educational Qualification	ESSENTIAL: (i) Pass in Senior Secondary School Certificate (XIIth Std) or its equivalent from a Recognized Board. (ii) Degree/ Diploma in Pharmacy (iii) Registration with Pharmacy Council u/s 12 of the Pharmacy Act, 1948 DESIRABLE: i) Experience in dispensing medicines. NOTE: Candidates possessing the educational qualification of Xth Std pass with Diploma in Pharmacy under Education Regulation 1991 of the Pharmacy Council of India and registered with Pharmacy Council u/s 12 of the Pharmacy Act, 1948 will also be eligible.	

The list of eligible and in-eligible candidates will be displayed in the Notice Board of this Directorate on 26.8.09. The date of written test and interview will be published later on in the leading News papers of this island.

(Dr N Sadasivan) Director of Health Services

FORMAT

APPLICATION FOR THE POST OF PHARMACIST GRADE III IN THE DEPARTMENT OF HEALTH, ANDAMAN AND NICOBAR ADMINISTRATION

Paste Passport size photograph duly signed by the candidate

1.	Name in Black letter(as recorded in educational certificate)	
2.	Father/husband's name	5. S.
3.	Sex	
4.	a. Date of birth (as recorded in educational certificate)	Date Month Year
	b. As on 25.08.2009	Year Month Days
5.	a. Educational qualification	1.
	b. Other qualification	2.
6.	Past experience, if any	
7.	Employment Exchange Card No. (if any) enclose attested copy of card	
8.	Postal address for communication	1 5TW 11 -