



## 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.

<b>Name of Post</b>	Technical Associate/ Junior Pharmacovigilance Associate
<b>Qualifications</b>	Master degree in Pharmacy / Clinical Pharmacology / Pharmacy Practice / Clinical Research OR Pharm D./MBBS/BDS from a recognized Institute /University
<b>Salary</b>	Rs. 26,250/- per month (contract basis, consolidated & fixed salary)
<b>Desirable Experience</b>	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](http://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
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**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)**