

Department of Ayurveda
Himachal Pradesh, Shimla-171009

No. Ay.H(B)(2)-3/95-VI- 17011

Dated 03/10/2020 Shimla-171009.

To


The Director,
Public Relation Department,
Himachal Pradesh, Shimla-171002.

Subject:- Advertisement for filling up of 97 post of Ayurvedic Pharmacist (Batch wise on contract basis).

Sir,

On the subject cited above, you are requested to kindly advertise the enclosed advertisement in two leading Newspapers of English and Hindi of the Pradesh at the earliest please.

Yours faithfully



Director Ayurveda
Himachal Pradesh
Shimla-171009.

Endst No. As above 17012

Dated,

03/10/2020

Copy to:-
1. The Secretary (Ayurveda) to the Govt. of H.P. w.r to letter No. Ayur-B(2)-1/2016-dt. 29-11-2019 & 20-8-2020 for information please.


Director Ayurveda
Himachal Pradesh.

Department of Ayurveda, Himachal Pradesh, Shimla-171009.

The Department of Ayurveda, Himachal Pradesh, Block No. 26, SDA Complex Kasumpti, Shimla-171009, invites the applications from the desirous/eligible candidates for filling up the post of Ayurvedic Pharmacist on batch wise on contract basis.

1	Name & Address of Employer	Director Ayurveda, Block No. 26, SDA Complex, Kasumpti, Shimla-171009, H.P.							
2	Phone Number, if any	0177-2622262							
3	Total No. of post	Ayurvedic Pharmacist - 97 (Ninety Seven only)							
4	Contract period of post	Year to year basis							
5	Reservation against Category		Un-reserved	Ward of Freedom Fighter	BPL	Ex-Servicemen	Person with Benchmark Disability	Distinguished Sports Person	
		Gen	28	01	--	09	04	03	45
		SC	15	01	03	02	--	--	21
		ST	02	--	01	01	--	--	04
		OBC	12	--	03	02	--	--	17
		EWS	10	--	--	--	--	--	10
		Total	67	02	07	14	04	03	97
6	Pay	i) Pay scale for regular incumbent:- Pay Band Rs. 5910-20200+Rs. 3000/-Grade Pay ii) Emoluments for contract employees:-Rs. 8,910/-p.m.							
7	Minimum Educational Qualification Essential	Essential Qualification(s): i) Plus two from a recognized Board of School Education. ii) Successful training of at least two years duration in Ayurvedic Pharmacist/Diploma in Pharmacy (Ayurveda) /Bachelor Degree in Pharmacy (Ayurveda) from an Institution duly recognized by the Himachal Pradesh Takniki Shiksha Board/University recognized by the Himachal Pradesh Government.							
8	Age limit	Between 18 to 45 years. (As on 01-01-2020) (The upper age limit is relaxable by five years for candidates belonging to Scheduled Caste, Scheduled Tribe and Other backward Classes, Persons with disabilities & Children/Grand Children of Freedom Fighters of Himachal Pradesh. The upper age relaxation is also available to Ex-servicemen candidates of H.P. as per provisions of relevant rules/instructions of H.P. Govt.)							
9	Any other relevant information	The candidates should bring their Original Certificates of Educational Qualification, Diploma/Degree, Registration Certificate with Ayurvedic & Unani Board, H.P. Bonafide, Character certificates, Employment Registration, Age Proof Certificates etc. with them.							
10	Place of Work	Anywhere in Himachal Pradesh.							
11	Place and Date of Interview	Place: Department of Ayurveda, SDA Complex, Ayurved Bhawan, Block No. 26, Kasumpti, Shimla-171009, H.P. Date: To be intimated later on.							
12	Last date of submission of application	03-11-2020 , 18-11-2020 (for Tribal areas i.e. District L&S, Kinnaur & Pangi, Bharmour area of Chamba District)							
13	TA/DA	No TA/DA for attending interview							
14	Terms and conditions	The appointment shall be subject to the terms and conditions as per policy of the Govt. from time to time.							

Applications are invited on the format given with this Advertisement.

Director Ayurveda
Himachal Pradesh

APPLICATION FORM

**Space for
Attested
Passport Size
Photograph**

- 1 Name of candidate _____
- 2 Father's/Husband Name _____
- 3 Date of Birth _____
- 4 Academic Qualification _____

- 5 Professional Qualification _____
- 6 Permanent Home Address _____

- 7 Address for Correspondence _____

- 8 Category (SC/ST/OBC/ExM/BPL/EWS/DSP/PwBD) _____
- 9 Date of admission in the course _____
- 10 Date of passing the course _____
- 11 Registration Number as Ayurvedic Pharmacist _____
with concerned Council/Board _____
- 12 Name of employment Exchange Registration No. _____

Note: Attested copies of the Matriculation, Academic Qualification, Bonafide Himachal, Category Certificate and any other relevant certificates must be attached.

Declaration: I, the above named do hereby declare that the above information is true to the best of my knowledge and belief. Nothing is there which has been concealed. If later on any information/certificate is found to be false, my candidature will be liable to be rejected.

Signature of Applicant