COCHIN PORT AUTHORITY

W/ISLAND, COCHIN – 682 009, KERALA STATE, INDIA

Ph.No.0484-258-2113 Website: www.cochinport.gov.in

COCHIN PORT AUTHORITY ANNOUNCES

Notice for Walk In Interview to fill up the post of Jr.Pharmacist on Contract

Basis in Medical Department for a period of one (1) year

SI. No.	Name of Post	Qualification & Experience
1	Jr. Pharmacist - 1 No. on contract basis - UR Upper Age Limit : 40 Yrs Remuneration : Rs.24,600/-	 1.D.Pharm/B.Pharm recognized by the Govt. 2. Valid registration with Kerala State Pharmacy Council. 3. 1 (one) year experience.

The contract will be purely for one year only. The Remuneration specified in the schedule will be as a consolidated pay.

Eligible candidates may report at the Office of the Chief Medical Officer, Cochin Port Authority, Willingdon Island, Cochin - 3 on 15-10-2024 for a Walk-in-interview between 10:00 hrs to 12:00 hrs. If the aspirants are higher in number the Cochin Port reserves the right to offer them another suitable date for interview, if deemed necessary. The crucial date of determining the qualification, experience and age shall be15-10-2024 (date of walk in interview). The selected candidate will not have any claim for regular appointment in Cochin Port Authority.

The Eligible candidates may bring their application in the proforma attached as Annexure I, along with Curriculum vitae, attested copies of Certificates & one latest passport size photo on the date of interview. Candidates should also bring the original certificates and testimonials for verification. For any enquiries, candidates may contact the office of Secretary, Cochin Port Authority (Ph.No.0484-258-2113) during office hours (09:30 hrs to 17:30 hrs). The candidates without application and incomplete application will not be considered.

20-09-2024

Sd/-CHIEF MEDICAL OFFICER

Candidates are required to confirm their attendance for the interview by 16:00 hrs on 14-10-2024, to the Chief Medical Officer, Cochin Port Authority, Ph.No.0484-258-2700.

Annexure-I

APPLICATION FOR THE POST OF JR. PHARMACIST ON CONTRACT BASIS

1.	Name in full (Block	(letters)	:		
2.	Father's Name		:		
3.	Age & Date of birth	า	:		
4.	Gender		:		
5.	Marital Status		:		
6.	Religion & Caste		:		
7.	Whether belongs t	o SC/ST/OBC/PH/EW	/S :		
8.	Address		:		
9.	Phone No.		:		
10.	e-mail ID.		:		
11.	Educational Qual	ification	:		
SI. No.	Educational Qualification	University/Institution	Year & Month of Passing	Percentage of Marks/Grade	Remarks

^{*}Self attested copies of Mark list and Certificate to be attached.

12. Details of Experience:

SI. No.	Designation	Name of Organization	Whether Industrial/ Commercial/Govt. Undertaking	Period of service & nature of work carried out

^{*} Self attested copies of experience certificate to be attached.

13.	Languages	known
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a) spoken :

b) written :

14. Other Achievements, if any. :

I hereby declare that the information furnished is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed and distorted. If at any point of time, I am found to have concealed or distorted any information or given any false statement, my application / appointment shall liable to be summarily rejected / terminated without notice or compensation.

Place: Date:

(SIGNATURE OF THE APPLICANT)