Supplyco THE KERALA STATE CIVIL SUPPLIES CORPORATION LIMITED

PB No:2030, Maveli Bhavan, Maveli Road, Gandhinagar Ph:0484-2203077

URGENTLY REQUIRED

Organization : Kerala State Civil Supplies Corporation Limited

Post : Assistant Pharmacist (Contract)

Qualification : 1. D.Pharm/B.Pharm/M.Pharm with Kerala Pharmacy

Council

Regitration

2. Minimum 2 years experience in Govt/Private

sector.

Age : 18-45 (as on 01.01.2024)

Last date of receiving application : On or before 31.01.2025 5 PM

Remuneration : Rs. 19500/- per Month(retail outlet), Rs.18200/- per

month (Medicine depots)

No of Vacancies : Supplyco Medical Stores/Regional Medicine

Depots(Region wise)

Interested candidates are requested to forward the application in the given Format (Annexure I) along with the self attested copies of certificates to prove age, qualification etc to any one of following Supplyco Regional offices.

1. Thiruvananthapuram Region(Thiruvananthapuram, Kollam districts)

Address: Supplyco Regional Manager, Maveli Tower, Sisu Vihar Road, Vazhuthacaud, Sasthamangalam P O, Thiruvananthapuram-695010.

2. Kottayam Region (Kottayam, Idukki, Pathanamthitta Districts)

Address:: Supplyco Regional Manager, Maveli Tower, Thirunakkara, Kottayam-686001

3. Ernakulam Region(Ernakulam, Alappuzha districts)

Address: Supplyco Regional Manager, Maveli Road, Gandhinagar, Kochi

4. Palakkad Region(Palakkad, Thrissur, Malappuram Districts)

Address: Supplyco Regional Manager, Yambo Towers, Near Malayala Manorama, T B Road, Palakkad-678014

5. Kozhikode region (Kozhikode, Kannur, Wayanad, Kasargod Districts)

Address: Supplyco Regional Manager, Meyons building, Jail Road, Puthiyara P O, Kozhikode-673004

INSTRUCTIONS TO CANDIDATES

(Read carefully and follow all instructions strictly)

Instructions

- 1. Providing of false information will affect your candidature negatively.
- $2. \quad \text{Incomplete and illegible applications will be rejected.} \\$
- I. Attach duly attested copies of the following certificates;
 - i) Proof of age
 - ii) Mark sheets
 - iii). Self attested copies of Educational Qualification Certificates,
 - iv). Certificate of experience from the competent authority should also be attached along with the application.

Annexure-I

Nan	ne (BLOCK LETTE	RS) : Mr/Ms	s/Mrs			
Date	e of Birth	:				
Age		:	(as on	01/01/2024	.)	
Sex:	Male/fe	male :	Marital Status:			
Post	tal Address (Perm	anent)				
			D			
Post	tal Address (Prese	ent)				
			Γ	istrict		PIN
E-m A. E	ail address	ication: Please li	st chronologically all			
Sl No.	Name of Exam Passed	Name of Institution	Board/ University(with state)	Year of Passing	Total marks/ Total grade point	%of marks/ grade point obtained
1						
2						
3						
4						
	B. Details	of Academic A	wards, prizes, hon	ors ,fellows	ships etc	
						

Details of work Experience

Sl. No.	Name & address of the employer	Designation	Pay, Scale of pay	Field of work/manner	Period	
	- <u>-</u>			of duties performed	From	То
1						
2						
3						
4						

	Total Years	Experience Mor		pharmacist 	till	th	e date	of	applicatio	on:
(Attach Self attested copies of experience certificates)										
Declaration I hereby declare that the above information provided by me is accurate and true to the best of my knowledge and belief. I have carefully read all the instructions in the application form and hereby agree to abide by the decision of the Supplyco authorities on all matters regarding the selection to the post of Assistant Pharmacist on contract.										
Date: Place:							Sig	gnature:		