



Surat Municipal Corporation
Surat Municipal Institute of Medical
Education & Research, Surat



ADVERTISEMENT

Application are invited for the post of **Technical Associate**, Pharmacovigilance Programme of India (PvPI) at Department of Pharmacology Surat Municipal Institute of Medical Education & Research (SMIMER), Surat.

Name of Post	Technical Associate
Qualification :	Minimum qualification should be MBBS/BDS/M.Pharm/ PharmD. OR Candidates with any other qualification having experience in Pharmacovigilance Programme of India. Candidates with proficiency in computer application will be preferred.
Emoluments :	20,000/- p.m. (Consolidated)
Job Description :	Collection of ADRs report and follow up with complainant to check completeness as per SOP's <ul style="list-style-type: none">• Data entry in VigiFlow• Reporting to National Coordination Centre through Vigiflow with the source data attached with each ADRs case• Training /sensitization/feed back to physician through newsletter circulated by the NCC• Other activities as assigned from physician through newsletter circulated by the NCC

The duly filled application in prescribed format should reach on or before 10/10/2013 on address mention below.

Address: Office of the Dean, "D"- Block

Surat Municipal Institute of Medical Education & Research (SMIMER),
Nr. Bombay Market, Umarwada, Surat-395010.

**DEAN
SMIMER**



Application Form

(Complete In Block Letters)

Affix Passport
Size
Photograph
(Self Attested)

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

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 an 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)