

**AYUSH VIBHAG
HIMACHAL PRADESH**

The Department of Ayush, Himachal Pradesh, Shimla-9 invites the application form for the posts of Ayurvedic Pharmacy Officers reserved for Persons with Disabilities (Handicapped Categories) as per the detail mentioned below:-

| S. No. | Name of Post | Category Wise Bifurcation | | | Total Posts |
|--------|--|-------------------------------------|--|----------------|-------------|
| 1. | Ayurvedic Pharmacy Officer on contract basis in the pre revised pay scale of 5910-20200+3000 Grade Pay and the contract appointee will be paid fixed contractual amount Rs. @17820/- per month which shall the 60% of Cell-1 level-8 of revised pay scale under the H.P.C.S. (Revised Pay) Rules, 2022 . | Through Direct Recruitment:- | | | 07 posts |
| | | Sr. No. | Name of post | Number of post | |
| | | 1. | Low vision up to 50% | 02 | |
| | | 2. | Hearing impaired up to 50% | 02 | |
| | | 3. | Orthopedically handicapped having atleast one working arm | 02 | |
| | | 4. | Multiple Disabilities should be fulfil all the conditions mentioned vide 1,2 &3. | 01 | |
| | | On Batch Wise Basis:- | | | 06 Posts |
| | | Sr. No. | Name of post | Number of post | |
| | | 1. | Low vision up to 50% | 02 | |
| | | 2. | Hearing impaired up to 50% | 02 | |
| | | 3. | Orthopedically handicapped having atleast one working arm | 01 | |
| | | 4. | Multiple Disabilities should be fulfil all the conditions mentioned vide 1,2 &3. | 01 | |

Essential Qualifications:

- i) Should have passed 10+2 Examination from a recognized University/Board
- ii) Successful training of at least two year duration in Ayurvedic Pharmacist/diploma in Pharmacy (Ayurveda)/Bachelor Degree in Pharmacy (Ayurveda) from an Institution duly recognized by the H.P. Takniki Shiksha Board /University recognized by the H.P. Govt.

Desirable Qualifications:

- i) Knowledge of customs, manners and dialects of Himachal Pradesh and suitability for appointment in the peculiar conditions prevailing in the Pradesh.

Age:

The age of Applicant should have between 18 to 45 years as on 01.01.2023. The upper age limit is relaxable as per instructions of Govt./ provision of R&P Rules.

Other Conditions:-

- i) The above posts are to be filled up on the contract basis for one year in the Ayush Vibhag.

- ii) The applicant should be Bonafide resident of H.P.
- iii) The candidates may be appointed at anywhere in the State.
- iv) The application form complete in all respects from the eligible candidates must reach in the office of Director Ayush, H.P., Block No. 26, SDA Complex Kasumpti on or before **30.05.2023**. No application shall be entertained after the aforesaid last dates.
- v) Documents required for completion of selection process:-
 - 1. Age proof (Matric Certificate)
 - 2. 10+2 Certificate
 - 3. Professional Training Certificate
 - 4. Registration certificate from H.P. Ayurveda and Unani Board.
 - 5. Himachal Bonafide Certificate
 - 6. Registration Certificate of Employment Exchange.
 - 7. Latest Character Certificate issued by the competent authority
 - 8. Certificate of disability issued by the competent authority
- vi) Others documents required for completion of selection process, if any:-
 - 1. Certificate of back ward area or panchayat issue by the competent authority
 - 2. Additional Professional Qualification, if any
 - 3. Land less family/family having land less than 1 Hectare to be certified by the concerned revenue authority.
 - 4. Non employment certificate to the effect that none of the family member is in Government/Semi Govt. Service issued by the competent authority.
 - 5. BPL Family having family annual income (from all sources) below 40,000/- or as prescribed by the Govt. by the time to time.
 - 6. Widow/divorced /destitute/signal women.
 - 7. Signal Daughter/orphan.
 - 8. Experience up to a maximum of 5 years in Govt./semi Govt. organization relating to the post applied for.

(Vinay Singh)IAS
Director Ayush
Himachal Pradesh

Application form for the post of Ayurvedic Pharmacy Officer
(Physically Handicapped).

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| Space for attested photograph (Passport Size) |
|---|

1. Name of Applicant _____
2. Father's/Husband Name _____
3. Name of Post _____
4. Date of Birth _____
5. Education Qualification _____
6. Professional Qualification _____
7. Permanent Home Address: _____

8. Address for correspondence: _____

9. Category _____
10. Type of Disability and Percentage _____
11. Contract Number _____

Signature of Applicant

DECLARATION

I _____ hereby declare that the particulars furnished by me in this application are true to the best of my knowledge and belief. In case any information is found to be false, my candidature shall liable to be rejected.

Signature of Applicant