

ADVERSE DRUG REACTION MONITORING CENTRE

Pharmacovigilance Unit

Department of Pharmacology

GMERS Medical College and General Hospital, Gandhinagar

APPLICATION FORM

For the post of Junior Pharmacovigilance Associate at GMERS Medical College and General Hospital, Gandhinagar

1. Name of Candidate in full: _____

2. Gender: Male/ Female

3. Date of Birth: __/__/__ Age: __Years__Months

4. Corresponding Address (in BLOCK LETTERS)

Telephone No. with code: _____ Mobile Number: _____

Email ID: _____

5. Present Job: Govt./ Others _____

6. Whether CCC/CCC+ exam or equivalent computer course passed? Yes/No

7. Educational Qualification:

| Sr. No. | Examination | Year of Passing | University | Total | Percentage | Attempt |
|---------|-------------|-----------------|------------|-------|------------|---------|
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8. Details of Experience (Clinical Research/ Clinical Pharmacology/ Pharmacovigilance):

| Sr. No. | Post Held | Name of Institution | Dates | | Total Period | |
|---------|-----------|---------------------|-------|----|--------------|--------|
| | | | From | To | Years | Months |
| | | | | | | |
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9. Details of Research Publications:

| Sr. No. | State/ National/ International | Name of article (attach list separately) | Date of Publication/ Acceptance for publication | Name of Journal | Name of Indexing agency |
|---------|--------------------------------|--|---|-----------------|-------------------------|
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10. Details of Council Registration:

Registration No. (B.Pharm/ M. Pharm/ Pharm D/MBBS):_____

Date of Registration (B.Pharm/ M. Pharm/ Pharm D/MBBS):_____

Name of the Council:_____

11, Name of two referees with contact number:

(1)_____

(2)_____

12. Check List of Enclosures (attested photocopies – in following order)

| Sr. No. | Documents | Please tick (√) |
|---------|---|-----------------|
| 1 | FINAL B Pharm/M Pharm/Pharm D/MBBS/BDS Mark Sheet. | |
| 2 | FINAL M Pharm/ Pharm D /MBBS/BDS Attempt Certificate. | |
| 3 | FINAL M Pharm/ Pharm D /MBBS/BDS Registration Certificate. | |
| 4 | FINAL B Pharm/ M Pharm/ Pharm D /MBBS/BDS Degree Certificate | |
| 5 | Experience Certificate | |
| 6 | School-Leaving certificate/ Birth Date Certificate | |
| 7 | CCC/CCC+ or any equivalent computer course certificate | |
| 8 | Research Publication (original copy and photocopy) with proof of Indexation. | |
| 9 | Additional qualification (marksheet/registration/degree certificate/attempt certificate/experience certificate) | |

UNDERTAKING

I declare that information stated above is correct and updated to the best of my knowledge. If any of the above information is found to be false; I am bound to obey the decision of Selection Committee of GMERS Medical College-Gandhinagar.

Place:

Date:

Signature of the Applicant