



**THE INDIAN MEDICAL PRACTITIONERS'
CO-OPERATIVE PHARMACY & STORES LTD.**

34-37, KALKI KRISHNAMURTHY SALAI,
THIRUVANMIYUR, CHENNAI - 600 041

PH.NO.044-24521029/24520189 Tele Fax: (044) 24523313

RECRUITMENT NOTICE

Applications are invited from the eligible for the post of "**PHARMACIST (TRAINEE)**" in our Society. The details are as under:-

1	Name of the post	PHARMACIST (TRAINEE)
2	No. of Vacancies	2
3	Educational qualification	A pass in Higher Secondary (+2) Examination and Diploma in Pharmacy in Ayurvedha or Siddha or Unani (D.Pharm) or A pass in Integrated Pharmacy in Siddha, Ayurveda or Unani issued by any college or Institute recognized by Government.
4	Place of Work	Head Office (Transferrable)
5	Reservation	UR-1; SC-1
6	Age Limit	18-30 yrs as on 01.06.2021. The upper age limit will be relaxed 5 years for SC
7	Salary	Rs.12,000/- consolidated Pay

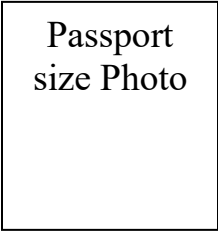
Candidates possessing the above qualifications may apply by downloading the application from our website along with D.D. for Rs.250/- drawn in favour of "IMPCOPS LTD.," payable at Chennai on any one of the Nationalized Bank giving full details along with Xerox copies of all the related Certificates and testimonials (with self attestation) **so as to reach the undersigned on or before 05.04.2021 by 4.00 P.M.** The applications shall be sent by Registered Post duly superscribed as "**APPLICATION FOR THE POST OF "PHARMACIST (TRAINEE)"**". The date, time and the venue of interview will be intimated to eligible candidates in due course. Candidates shall appear for the interview at their own cost along with their original testimonials. The decision of the Management in this connection will be final.

(By order of the Board)

SECRETARY I/C

APPLICATION FOR THE POST OF “ PHARMACIST(TRAINEE)” – HEAD OFFICE

1. Name of the candidate :
2. Father's/Husband's Name :
3. Age & Date of Birth
(as on 01.06.2021) :
4. Religion :
5. Community : UR/OBC/SC/ST
6. Educational Qualifications :
 - a) Academic
 - b) Technical
7. Experience :
8. Address for communication with contact
Phone No. /e-mail :
9. Permanent Address with Contact
Phone No. :
10. Languages known :
11. Others, if any :



I hereby certify that the details furnished above are true and correct.

Place:

Date:

Signature of the candidate

N.B. Attested Xerox copies of Certificate for age proof, Qualification, community and experience shall be enclosed along with this Application.