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| **Application No.**(For Office Use Only) | **SHRI M. N. COLLEGE OF PHARMACY, KHAMBHAT****APPLICATION FORM - 2025****POST: LECTURER, CLASS-II** **(RESERVED FOR DISABILITY CATEGORY)** | Paste hereRecent Passport size photograph of candidate |

**Last Date to Receive Application by Institute is 14/08/2025**

**Application Received through RP AD/ Speed post by the institute on \_\_\_\_\_\_\_\_**

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| **SR. NO.** | **INFORMATION** | **:** | **DETAILS (TO BE FILL BY CANDIDATE)** |
| 1 | Name of candidate as per Degree Certificate\*(In CAPITAL LETTERS) | : |  |
| 2 | Address of the candidate\* | : | Permanent Address with Pin code:Communication Address with Pin code: |
| 3 | Email id\* | : |  |
| 4 | Mobile No.\* | : |  |
| 5 | Disability Certificate Details\*(Attach Proof) | : | Certificate No.:Certificate Date:Issuing Authority with the place: |
| 6 | Annual income of Family for Financial Year 2024-25\* (Attach self-declaration by Candidate)  | : | In figure: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_In words: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7 | Date of Birth & Age on Cutoff date\* (Attach Proof) | : | Date\_\_\_\_\_\_\_\_, Month \_\_\_\_\_\_\_\_\_\_, Year \_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_ Years, \_\_\_\_\_Month(s), \_\_\_\_\_ Day(s) |
| 8 | B. Pharm. Degree Details\* (Attach copies of Degree certificate & marksheets of all semesters/ Years)  | : | Class or Division/ CGPA (As mentioned in Final marksheet/ Degree Certificate):Name of the University:Name of the Institute:Year of Passing: |
| 9 | Details of Post-Graduate Degree in Pharmacy\*(Attach copies of Degree certificate & marksheets of all semesters/ Years) | : | Class or Division/ CGPA/ CPI (As mentioned in Final marksheet/ Degree Certificate):Name of the University:Name of the Institute:Year of Passing: |
| 10 | Ph. D. Degree details, if applicable (Attach copy of Degree certificate) |  | Name of the University:Year of Ph.D. Degree Awarded:  |
| 11 | State Pharmacy Council Registration Details\*(Attach copy of Registration Certificate & last Renewal Receipt) | : | Name of State Pharmacy Council:Registration No.:Last Renewal Date:Renewed Up To: |
| 12 | 10th Standard Passing Details\* | : | Name of the Board:Year of Passing:Percentage Marks obtained: |
| 13 | 12th Standard Passing Details\* | : | Name of the Board:Year of Passing:Percentage Marks obtained: |
| 14 | Employment details, if applicable (Attach proof) | : | Name of Current Employer:Designation & date since working with current Employer:Total Teaching Experience: Years\_\_\_\_\_\_\_, Months\_\_\_\_\_\_\_Total Industrial/ Other Experience:Years\_\_\_\_\_\_\_, Months\_\_\_\_\_\_\_ |
| 15 | Research/ Review/ Books Publication/ Patent, if applicable (Attach proof) | : |  |
| 16 | Awards OR any Special Achievements | : |  |
| 17 | PAN details\* (Attach Proof) | : | Pan No.: |
| 18 | Aadhar details\* (Attach Proof) | : | Aadhar No.: |
| 19 | Any other information | : |  |
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| **REFERENCES:** |  |  |
| Give any 02 reference of the person who knows you from Academic/ Pharma Industry/ Pharmacy Profession  |
| **Reference-1** | **Reference-2** |
| Name of Person:Designation:Name of Organization:Email id:Mobile No.: | Name of Person:Designation:Name of Organization:Email id:Mobile No.: |
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| **Declaration by Applicant:** I declare that informations provided here by me is true & complete to the best of my knowledge. |
| Date: |  |  |
| Place: |  |  Signature of Candidate |
| ***\* Indicates Mandatory to fill.*** ***# Copy of all documents/proof must be self-attested******# Applicant must read General instruction before filling details in Application Form*****NOTE:** The institute shall verify antecedents and documents submitted by candidate at any time, at the time of appointment or during the tenure of service. In case it is detected that the documents submitted by the candidate are fake or the candidate has undesirable clandestine antecedents/ background and has suppressed the said information, his/ her service shall be liable to be terminated. |

**GENERAL INSTRUCTIONS**

1. **The post is reserved for only Disability category (Category A & B as mentioned in the advertisement.) under Gujarat State government norms.**
2. The candidate must possess the required qualification at the time of last date fixed for receipt of applications by the institute.
3. **Candidate must possess** The Qualification Norms & pay scale will be strictly as per the prevailing norms of State Government (Govt. of Gujarat), Pharmacy Council of India (PCI) and Gujarat Technological University (GTU). While filling the details of qualification in application form the candidate must state the percentage of marks/division/grade.
4. **Application must be typed in Arial font, size 12 in the same format as provided.**
5. The Candidates are required to submit the application along with the self-attested copies of all MARKSHEETS and passing Certificates of examinations in which he/she passed i.e. Secondary, Higher Secondary, Bachelor’s/ Master’s /Doctorate Degree, Proof for Date of Birth (School Leaving Certificate OR SSC Passing Certificate), Valid Disability certificate, State Pharmacy Council Registration Certificate with latest Renewal Receipt, category certificate (If applicable) etc. in the chronological order as information required in Application form.
6. Application form without the signature of the candidate and in the absence of the copies of relevant self-attested documents and credentials, application shall be considered as incomplete and such applicants may not be called for interview.
7. For direct selection to the post of Lecturer (Class-II), the candidate shall not be more than 35 years of age. **However,** **for the candidate of reserved category (Disability category), the age limit may be relaxed as per the norms of Government of Gujarat.** If applicant does not fulfil Criteria for Age on cut-off date, the application will be rejected.
8. The candidate must submit **valid Disability Certificate** issued by competent Authority in the prescribed format by Govt. of Gujarat. Without Valid Disability certificate, application is liable to be rejected and such applicants may not be called for interview.
9. Applicant must submit self-declaration stating the annual income of his/her family from all sources for the Financial Year 2024-25.
10. Candidate employed in Govt./Semi Govt./PSU should forward their application (hardcopy) through proper channel on or before the prescribed cut-off date. Persons employed in Govt./Semi Govt./PSU after making application in response to this advertisement or those who have not submitted their application through proper channel, must bring a ‘No Objection Certificate’ at the time of interview from their employers.
11. The applicant should ensure that the hard copy of filled-in application along with supporting documents and Certificates etc. is submitted to this institute by sending through **Register Post AD/ Speed post only** so as to reach **to The Principal, SHRI M. N. COLLEGE OF PHARMACY, B. D. Rao College Campus, Bethak Road, Khambhat – 388620, DIST: ANAND, Gujarat on or before the last date.** Application sent through Courier or By Hand will not be accepted.
12. **The last date of receiving application is** **14/08/2025** and it will be considered as cut-off date for Age, Qualification, Experience, etc. No application will be considered which is received after the last date of receipt of application. Late receipt of the Application on account of postal delay or any other reason will not be considered.
13. Incomplete application in any respect will not be considered and shall be summarily rejected.
14. **All correspondence with the eligible candidate will be made only through e-mail id as provided by the candidate in application form.**
15. Regarding computer skill and training, the norms of Govt. of Gujarat will be applicable.
16. Canvassing direct or indirect will be a disqualification.
17. Candidate, if called for interviews will have to come at their own expense.
18. Candidate, if called for interviews will have to come with self-attested copy of additional 06 (Six) Sets of application along with all documents.
19. The institute reserves the right to fill or not to fill the post and also make any amendments in recruitment process.
20. A candidate who knowingly or wilfully furnishes incorrect or false particulars or suppresses material information, will be disqualified and if appointed will be liable to be dismissed from service, without any notice.

Note: 1) ઉપરોક્ત કૌષ્ટક માં જે દિવ્યાંગતા ના જુથમાં જગ્યાઓ દર્શાવેલ છે તે જુથમાં દર્શાવેલ માન્ય દિવ્યાંગતા ધરાવતા ઉમેદવારો જ અરજી કરવા પાત્ર છે .

2) દિવ્યાંગ ઉમેદવારને સામાન્ય વહીવટ વિભાગ તા.15/02/2001 ના ઠરાવ ક્રમાંક : સીઆરઆર /102000/જીઓઆઈ-7/ગ-2ના ઠરાવ ની જોગવાઈ મુજબ દિવ્યાંગતા ની 40% કે તેથી વધારે દિવ્યાંગતા ની ટકાવારી ધરાવતા હોવાનું સિવિલ સર્જનનું તબીબી પ્રમાણપત્ર ધરાવતા હશે તો જ દિવ્યાંગ ઉમેદવાર તરીકે ઉપલી વયમર્યાદા અને અનામત નો લાભ મળશે. શારીરિક રીતે અશક્ત ઉમેદવારોએ સામાન્ય વહીવટ વિભાગના તા. 29/02/2024 ના પરિપત્ર ક્રમાંક **GAD/PHA/e-file /1/2023/8017/G2** -**Section** થી પરિપત્રિત થયા મુજબ  **The Rights of persons with Disabilities Act, 2016** અમલી થતા દિવ્યાંગતાના પ્રમાણપત્ર સબંધે ભારત સરકારની વખતોવખતની સૂચના/જોગવાઈ તેમજ શહેરી વિકાસ અને શહેરી ગૃહ નિર્માણ , ગુજરાત સરકાર/સામાજિક ન્યાય અને અધિકારીતા વિભાગ, ગુજરાત સરકાર દ્વારા નિયત કરવામાં આવતી સૂચના અનુસાર દિવ્યાંગતા અંગે નું પ્રમાણપત્ર માન્ય રાખવામાં આવશે.