

File No./ मिसिल संख्या A-41011/01/2023-Estt. (E- 25572)

Government of India/ भारत सरकार

Ministry of Chemical and Fertilizers/ रसायन और उर्वरक मंत्रालय

Department of Pharmaceuticals/ औषधविभाग

Shastri Bhawan, New Delhi

शास्त्री भवन, नई दिल्ली

Dated/ दिनांक 26th March, 2025

CIRCULAR

Subject: Inviting applications from the retired employees of Central Govt. Departments / Public Sector Undertaking for rendering their services as Consultant in Department of Pharmaceuticals, Ministry of Chemical and Fertilizers –regarding.

It is proposed to engage retired employees of Central Govt. Departments / Public Sector Undertaking to render their services as Consultant in Department of Pharmaceuticals as per details given below:

1.	Name of the Post	Consultant Grade-II
2.	Total vacancies	02
3.	Period of engagement	Initially for a period of 01 year not exceeding 05 years.
4.	Job Location	Shastri Bhawan, New Delhi-110001
5.	Eligibility Criterion	Officers retired from Central Govt. Deptts./ PSU
6.	Age Eligibility	Should not be more than 64 years of age on the last date of receipt of the application.
7.	Remuneration	As per instructions issued by Department of Expenditure
8.	Leave	1.5 paid leave for every month
9.	Working Hours	<ul style="list-style-type: none">➤ Normal Office timings from 9:00 AM to 5:30 PM➤ May also have to devote more time than usual to meet the exigencies of work, if required.
10.	How to apply	<p>The applications in the prescribed format (complete in all respects) along with the requisite documents may be submitted at the following address:</p> <p>The Under Secretary (Admn.) DoP, G-19, Shastri Bhawan New Delhi-110001.</p> <p>The application may also be mailed at Email:- so-establishment@pharma-dept.gov.in</p>
11.	Last date for receipt of application	02.04.2025

Note:- Detailed guidelines for engagement of Consultant may be seen on the official website of Department of Pharmaceuticals (<https://pharma-dept.gov.in>).

Copy to: NIC Team, to upload on the website of Department of Pharmaceuticals.

**APPLICATION FORM FOR CONSULTANT IN DEPARTMENT OF
PHARMACEUTICALS**

1.	Name					
2.	Father's Name					
3.	Date of Birth					
4.	Nationality					
5.	Mailing Address					
6.	Telephone/Mobile No.					
7.	Mailing Address (with Telephone/Mobile No. and E-mail address)					
8.	Permanent Address					
9.	Educational Qualification					
	Course	Subject	University/ Institute	Year of Passing	Division/ Class	
10.	Work Experience (Add a separate sheet, if required)					
	Organization/ Institute	Period		Nature of Work	Remarks	
		From	To			
11.	Reference	1. 2.				