



OFFICE OF THE PRINCIPAL.

GOVERNMENT MEDICAL COLLEGE, HANDWARA.

Department of Health and Medical Education UT of J&K.

principalmchandwara@gmail.com.

www.gmchandwara.co.in



Advertisement Notification: 156GMCH of 2025

Dated: 17/05/2025

In pursuance to the Government Order No. 442-HME of 2019 Dated: 24.04.2019, Applications are invited from eligible Registered Pharmacists to work on profit sharing basis on temporary basis for a period of three years in the Pradhan Mantri Bhartiya Jan Aushadhi Kendra (PMBJAK) at Associated Hospital Government Medical College Handwara.

S, No	Name of Category	Position of Post	Requisite qualification	Selection Criteria
	Registered Pharmacist No. of Posts= 02	PMBJAK Associated Hospital GMC Handwara	1. Registered pharmacy training course from State Medical Faculty or higher related qualification from any other recognized Institute 2. Working knowledge of operating computer for billing purpose Age= Not more than 40 Years	1. Registered Pharmacy training course from State Medical Faculty or higher related qualification from any other recognized Institute = 80 points on pro-rata basis 2. Experience cum knowledge of computerized billing = 10 points (02 marks for each year) 3. Viva Voce = 10 points

The Hiring of the above Staff is subject to the following conditions

1. The permanent resident of the Union Territory of J&K and preferably residing in the District where Pradhan Mantri Bhartiya Jan Aushadhi Kendra (PMBJK), is to be set up, can apply.
2. Maximum age limit is 40 years (Age shall be one of the factors while deciding selection criteria as candidates more in age shall have better advantage over the younger candidates).
3. The candidate shall be a pharmacist, registered with J&K pharmacy council. Preference shall be given to the candidates having the diploma in Pharmacy or higher related qualification from recognized institute.
4. He/she shall be unemployed for which he/she has to give an undertaking to this effect on stamp paper duly attested by 1st Class Judicial Magistrate.
5. NOC from District Industry Centre and District employment officer.
6. The Appointment is purely on temporary basis for a period of three years.
7. He/she shall have working knowledge of operating computer for billing purpose.



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Terms & conditions

- i) PMBJAK shall run 24x7 basis under the supervision of Medical Superintendent Associated Hospital GMC Handwara.
- ii) The Hiring of Pharmacist in PMBJAK Associated Hospital GMC Handwara is purely temporary arrangement for a period of three years on performance basis and shall not claim any right for his/her permanent absorption/ regularization in the Department and can be terminated/ dis-engaged at any time without any notice.
- iii) The hiring is purely on profit sharing basis. Out of 20% of margin on MRP of each drug as per guidelines, each registered Pharmacist shall be provided 7.5% of margin on MRP of each drug and rest of 5% of the Margin shall go in the Hospital Development fund of the Associated Hospital GMC Handwara.
- iv) All billing should be done by using software provided by BPPI.
- v) Selected Pharmacist shall have to execute an agreement with the department through Medical Superintendent Associated Hospital GMC Handwara duly attested by 1st class Judicial Magistrate that he/she will abide by all the terms and conditions as laid down by the department and shall work under the supervision of Medical Superintendent Associated Hospital GMC Handwara and shall not claim any regular appointment / regularization in the Department in lieu of his/her agreement.
- vi) That in case of unsatisfactory performance of the hired Jan Ashudhi Pharmacists in PMBJAK at Associated Hospital GMC Handwara, his/her services shall be terminated without any notice.
- vii) The Taxes as payable under rules shall be paid by assessee.
- viii) Applications can be rejected by the authorities if found not falling under the requisite criteria.

The interested candidates may deposit their application forms which can be downloaded from our official website www.gmchandwara.co.in, personally in the office of Principal Government Medical College Handwara **within 07 days** from the date of publication of Notification. No application shall entertained after the due date.

Principal

Government Medical College
Handwara.

2

No. PS/GMCH/2025-26/427-31 Dated: 17/05/2025.



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Copy to:

1. Secretary to the Govt. Department of H&ME Civil Secretariat Srinagar for information.
2. District Development Commissioner Kupwara for information
3. Joint Director Information Department, Jammu and Kashmir for publication of the advertisement in at least two prominent local dailies for two consecutive days.
4. FA/ Chief Accounts Officer, GMC Handwara.
5. I/C Website for uploading on official website (www.gmchandwara.co.in.)
6. Office Copy.



Application Form for Pharmacist under PMBJAK

Post Applied for: _____

Name: _____

Patentage: _____

1. Gender: _____

2. Date of Birth: _____

3. City/Village/Town: _____ District: _____

Address of applicant for correspondence(Attach proof): _____

Pin code _____

Email ID: _____ Mobile No: _____

Alternate Phone no: _____ Nationality: _____

4. Category for which applied(Attach Certificate): _____

Sub Category: _____

Affix recent
passport size
photograph

5. Educational Details:

Examination	Course	Board/ University	Year of Passing	Total Marks	Marks Obtained	%age
10th						
12th						
Diploma						
Degree						
Additional (if any)						

6. Following Documents to be attached with the application form:

- 10th Marksheet.
- 12th Marksheet.
- Date of Birth Certificate.
- Degree/Diploma.
- Aadhaar Card.
- Domicile Certificate.
- Certificate of Diploma in Computer Application
- Experience Certificate
- Demand Draft of Rs 500/= of J&K Bank pledged to Chief Accounts Officer GMC Handwara



Government Medical College - Handwara
DEPARTMENT OF HEALTH AND MEDICAL EDUCATION
UT OF JAMMU AND KASHMIR



7. Declaration:

I, _____, hereby declare that all the information submitted by me in the application form is correct, true and valid. I will present the supporting documents as and when required.

Signature of Applicant

FOR OFFICE USE ONLY

FORM NO : _____

RECEIPT NO: _____

ELIGIBLE/NOT-ELIGIBLE: _____

SIGNATURE