

0 4 JAN 2018

CENTRAL DRUGS LABORATORY, KASALI (HP)
CENTRAL DRUGS STANDARD CONTROL ORGANISATION (HQ)
Ministry of Health & Family Welfare, New Delhi

Applications from eligible candidates are invited in the prescribed format for the Recruitment of Veterinary officer at Central Drugs Laboratory, Kasauli (HP). The appointment of the post will be purely on contractual basis for the period of one year. The contractual period may reduced or extended at the sole description of the management (CDSCO HQ). During the contract the services can be terminated without any notice or without assigning any reasons whatsoever and thereafter.

S. No	Name of Position	No. of Positions	Educational Qualification	Consolidated Remuneration (p.m)
1.	Veterinary Officers	01	Degree in Veterinary Science	Rs. 30,000/-

Instructions:-

1. Application should be as per the format given below.
2. Application should reach in the office of **Director, Central Drugs Laboratory, Kasauli Distt. Solan, (HP)-173204** by POST or by HAND to this office at CDL, Kasauli on or before **20th January, 2017 by- 5 P.M.** alongwith the testimonials.
3. Application received after due date will not be entertained.
4. The candidates should mention on the TOP of envelop "Application for the post of **Veterinary Officer.**"
5. The notification and application form is available on the website of CDSCO and CDL, Kasauli:
cdsco.nic.in
cdlkasauli.gov.in


Dr. Arun Bhardwaj
Director,
CDL, Kasauli

Post Applied For. _____

Paste Latest

Passport
size
Photography

PROFORMA FOR APPLICATION

Note :- Form should be filled only in CAPITAL LETTERS.

1 Name of the applicant:-

2 Father's Name:-

3 Date of birth:-

D	D	M	M	Y	Y	Y	Y

4 Sex :-

Male/ Female

5 Telephone No. :-

Mobile No. _____

6 Email:- _____

7 Parmanent Home Address:

								Pin Code.	

8 Present address/ Address for communication

								Pin Code.	

9 Educational Qualification:

Examination Passed	Subject	Name of the Board/ Univer sity	Year of passing	Total Marks	Marks obtained
a.					
b.					
c.					

10 Experience, if any:- _____

DECLARATION

I do hereby declare that the information given above is true to the best of my Knowledge and belief and nothing factual has been suppressed.

Place:

Date

Signature of Applicant