



THE ADMINISTRATION OF UNION TERRITORY OF LADAKH  
OFFICE OF THE MISSION DIRECTOR NATIONAL HEALTH MISSION



Dated:- 28/12/2022

Advertisement Notice No:- 241 /SHS/UTL/NHM/HR of 2022

Dated:

**ADVERTISEMENT NOTICE FOR PHARMACIST APPOINTMENTS UNDER NHM, UT LADAKH 2022-23**

Applications are invited on behalf of State Health Society, National Health Mission, UT of Ladakh for the below mentioned contractual post under National Health Mission, UT of Ladakh.

The applications shall be addressed to the Mission Director, NHM on the prescribed form, which can be had from the Office of the Mission Director, NHM, UT Ladakh, K-2 Continental building, lower Skara, Leh, Ladakh or downloaded from [www.leh.nic.in](http://www.leh.nic.in) or [www.nhmladakh.in](http://www.nhmladakh.in).

The Interested & eligible candidates shall apply by sending the completed form along with supporting documents to email id [mdnhmladakhhr@gmail.com](mailto:mdnhmladakhhr@gmail.com) on or before 11<sup>th</sup> Jan-2023 at 4:30 pm or if applying through physical mode, the application form along with supporting documents shall reach this office within 14 days of issuance of this advertisement notice (the last date for submission of forms is 11<sup>th</sup> January-2023 at 4:30 pm).

**Eligibility Criteria:-**

S.No	Name of Post	No of Post	Monthly Pay	Qualification	Selection Criteria
1.	Pharmacist (3 State Drugs Warehouse & 2 District Warehouse Leh & Kagil	5	Rs.15000/- Plus incentive approved under ROP-2022-23	<b>ESSENTIAL:</b> 1). Matric with Degree or Diploma in Pharmacy Course from recognized boards or institutions 2). Possessing a valid Registration Certificate from Ladakh Pharmacy Council under the rule 3) Those candidates holding registration from pharmacy council outside UT of Ladakh shall produce registration from Ladakh pharmacy council within two months 4) Must be registered as a Pharmacist under the pharmacy Act, 1948 (8 of 1948) <b>DESIRABLE:</b> <b>Age:</b> Maximum age limit up to 45 years.	Written Test:- 100points

Terms and conditions: -

1. The appointments are on contractual basis under National Health Mission, UT Ladakh. The initial term of contract shall be up to 31<sup>st</sup> March 2023 and further renewal/termination is strictly on the basis of performance and continuation of the scheme.
2. Honorarium for the aforesaid posts shall be paid, as per MoHFW approved ROP 2022-24.
3. Remuneration for the first month shall be retained as security deposit and shall be paid after completion of one year of contractual term.
4. The selected candidates shall have to sign a contract with the appointing Authority as per NHM Guidelines.
5. If a contractual appointee at any time willfully neglects or refuse to perform duty, his/her service shall immediately be terminated without serving any notice and he or she shall not be entitled to any salary for such period.
6. Applications can be rejected by the authorities if found not falling under the requisite criteria.

For any query, candidates may contact on below contact details  
Mobile:- 8491041158 & 9797315821

**Note:- This Officer's previous advertisement notice No:- 11/SHS/L/NHM/HR of 2021 stands cancelled due to non-availability of eligible candidates.**

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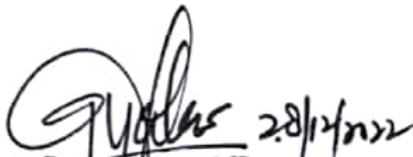
**Dr Iftakhar Ahmed Chowdhry (IRS)**

Mission Director, NHM  
UT Ladakh

No:- SHS/UTL/NHM/HR/4317-28  
Dated:- 28/12/2022

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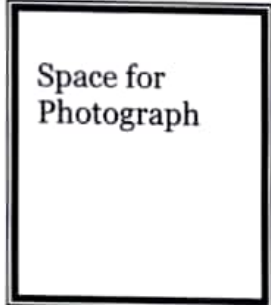
1. Principal Secretary, Health & Medical Education UT of Ladakh for kind information.
2. Director Health Services, UT Ladakh for information.
3. Director Information , UT Ladakh for information with the request to advertise in two leading National Daily Newspapers, local News papers of Jammu and Kashmir and Leh & Kargil Districts.
4. Technical Director, NIC Leh/Kargil for information with the request to upload on the advertisement notice and Prescribed form on the NIC Website
5. Dy. Director, employment and counseling centre, Leh/Kargil for information with a request to put the Advertisement notice on the office notice board for mass publicity.
6. Assistant Director, AIR, Leh/Kargil for information with a request to broadcast in the local employment news bulletin for mass publicity.
7. OSD with Hon'ble Lieutenant Governor, UT of Ladakh for kind information of the Hon'ble Lieutenant Governor.
8. OSD with Advisor to Hon'ble Lieutenant Governor UT-Ladakh for kind information of the Advisor.
9. State IEC Consultant & IT PMJAY for information & N.A
10. Office Notice Board.

  
State Programme Officer,  
National Health Mission,  
UT Ladakh



**APPLICATION FORM**  
**State Health Society**  
**NATIONAL HEALTH MISSION, UT OF LADAKH**

1. Advertisement Notice No: \_\_\_\_\_ Post applied for \_\_\_\_\_
2. Name of Candidate \_\_\_\_\_
3. Parentage (Father/Mother Name) \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Address \_\_\_\_\_  
District \_\_\_\_\_, Block \_\_\_\_\_
6. E-mail/ Contact No. \_\_\_\_\_
7. Valid Pharmacist Registration Number:- \_\_\_\_\_
8. Date:- \_\_\_\_\_ Place:- \_\_\_\_\_



**Academic Details:**

DEGREE	Examining Body/Board/Stream	Year of passing	Marks obtained	Total marks	%age
Diploma/Degree					

9. **List of Supporting Documents required**
  - A. Address Proof:- Passport/Aadhar card/Pan card
  - B. Diploma/Degree from Recognized Institution/Board with marks cards
  - C. Valid Pharmacist Registration Certificate
  - D. Resident certificate
  - E. Marks Cards
  - F. Age Certificate

**The Statements in this application are true to the best of my knowledge and belief.**

Signature of applicant

**A) APPLICATION FOR CONTRACTUAL APPOINTMENT (PHARMACIST) UNDER NHM, UT LADAKH**  
**ADMIT CARD (OFFICE COPY)**

Name for which applied \_\_\_\_\_

Name \_\_\_\_\_

Father Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Space for  
latest  
Photograph

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Roll No \_\_\_\_\_ S.No \_\_\_\_\_ Dated \_\_\_\_\_

Signature of the applicant

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**B) APPLICATION FOR CONTRACTUAL APPOINTMENT (PHARMACIST) UNDER NHM, UT LADAKH**  
**ADMIT CARD (APPLICANT COPY)**

Name for which applied \_\_\_\_\_

Name \_\_\_\_\_

Father Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Space for  
latest  
Photograph

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Roll No \_\_\_\_\_ S.No \_\_\_\_\_ Dated \_\_\_\_\_

Signature of the recipient