

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
(स्वास्थ्य सेवा महानिदेशालय)
केन्द्रीय औषध मानक नियंत्रण संगठन
केन्द्रीय औषधि परीक्षण प्रयोगशाला
क्षेत्रीय अन्न व औषध प्रशासन भवन, जी.एम.एस.डी कंपाउंड,
बेलासीस रोड, मुंबई सेन्ट्रल, मुंबई ४००००८
दूरभाष : ०२२-२३००२३०९ / ०२२-२३०० २१३८
फैक्स : ०२२-२३०९ ९२४०
ई-मेल : cdtlmumbai@cdsco.nic.in



CDSCO

Government of India
Ministry of Health and Family Welfare
(Directorate General of Health Services)
Central Drugs Standard Control Organisation
Central Drugs Testing Laboratory
Zonal FDA Bhawan, GMSD Compound,
Bellasis Road, Mumbai Central, Mumbai - 400 008.
Tel : 022-2300 2309 / 2300 2138
Fax : 022- 2309 9240
Email : cdtlmumbai@cdsco.nic.in

Accredited By : NABL (ISO/IEC-17025:2005 in Chemical & Biological Testing)
Certified For : IMS (ISO - 9001:2008; ISO - 14001:2004; OHSAS - 18001:2007)

No.: I(108)/CDTL-MUM/17-18/369

DT: 24/4/17

CIRCULAR

WALK IN INTERVIEW

Central Drugs Testing Laboratory, Mumbai will be conducting walk in interview to fill up 01 posts of "Consultant (Finance/Administration)" purely on contract basis through outsourcing agency with fixed emolument of Rs.30,000/- p.m .

Educational Qualification and experience : Graduate with 5 years of experience in Administration & Finance in Govt./PSU/Autonomous Body. Preference will be given to retired Govt.servants not below the rank of Section Officer/ Accounts Officer.

Age : Below 65 years.(Preferebly)

Date & time 27th April 2017/ 2.30 PM . Eligible candidates may attend Interview on the date, time and place mentioned above alongwith Biodata, original documents (Photocopy set also) and two Photographs.

(Dr. Raman Mohan Singh)
Director
CDTL-Mumbai

2. Brief professional experience:

Institution/Firm	Post held	Part time/ Contract Basis/ Ad-hoc/ regular/ Temp./pmt.	Exact dates to be given (indicate day, month & year)		Total Period (in years)			Scale of pay	Nature of duties	Encl. No.
			From	To	Years	Months	Days			
Total										

13. Any other relevant information:

14. Details of enclosures: 1)

2)

3)

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission, if I am declared by them to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Deptt. in writing that I am applying for this selection.

Date:

Signature of candidate

Place:

Address: