

APPLICATION FOR SELECTION FOR TRAINING PROGRAMME FOR EMPLOYBILITY AND SKILL ENHANCEMENT

(ADVT. NO.: PL-M&HS/1635, DATE: 01-08-2022)

NAME OF THE TRAINING PROGRAMME:

PHARMACIST TRAINING

Application ID:

06275272

(1) Name in Full:

GAUTAM KUMAR MOHANTA

Affix your self attested recent passport size photograph

(2) Father's Name:

JAYANTA KUMAR MOHANTA

(3) Date Of Birth:

18-08-1997

(4) Sex:

MALE

(5) Age as on:

25

(6) Nationality:

INDIAN

(7) Religion:

HINDU

(8) Marital Status:

SINGLE

(9) Caste/Category:

OBC

(10) Identity Proof(Aadhar No.):

573120409052

(11) Correspondence Address with PIN Code:

SUDARSHAN ECLAVE, DAMANA, BHUBANESWAR NEAR SHREE MED SCAN, 751021

(12) Permanent Address with PIN Code:

NEAR DOGORA GALI, ICHINDA, RAIRANGPUR, MAYURBHANJ, ODISHA, 757043

(13) Contact Mobile No.:

7008582042

(14) Email ID:

gautammohanta999@gmail.co

(15) Educational Qualifications (from Matriculation onwards):

EXAMINATION PASSED	SUBJECTS	NAME OF THE BOARD/UNIVERSITY	YEAR OF PASSING
+2 SCIENCE	ENGLISH,SANSKRIT,PHYSICS,CHEMISTRY,MATH,INFORMATION TECHNOLOGY	COUNCIL OF HIGHER SECONDARY EDUCATION, ODISHA	2016
MATRICULATION	ODIA,ENGLISH,SANSKRIT,MATHEMATICS,GENERAL SCIENCE,SOCIAL SCIENCE	BOARD OF SECONDARY EDUCATION,ODISHA	2014
DIPLOMA IN PHARMACY (D.PHARMA.)	PHARMACEUTICS,PHARMACEUTICAL CHEMISTRY,PHARMACOLOGY & TOXICOLOGY,PHARMACEUTICALJURISPRUDENCE,DRUG STORE & BUSINESS MANAGEMENT,HOSPITAL & CLINICAL PHARMACY	ODISHA STATE BOARD OF PHARMACY	2021

(16) Experience, if any :-

NAME OF THE HOSPITAL & ADDRESS	FROM	TO	TOTAL PERIOD
DISTRICT HEADQUARTER HOSPITAL, SAMBALPUR	10-APR-2019	10-JUL-2019	91

(17) Whether presently employed with any Public Sector Undertaking/Autonomous Body/Govt. Deptt. ? NO

A set of Self Attested photocopies of the documents in support of the above declaration shall be produced at the time of Interview

Full Signature of the Candidate

DECLARATION

I, _____ hereby declare that:

- a. I have never undergone any same or similar type of training in IGH earlier.
- b. In case, if found at later date, my training shall be cancelled and I shall not be eligible for any further/future training in RSP.
- c. I shall not refuse and be always ready to be engaged in training in shifts (8 hrs a day) in "A","G","B","C" shifts as per requirement with full dedication and commitment for better patient care
- d. I shall abide by the normal rules and regulations as stipulated by the hospital Authorities from time to time.
- e. I shall be liable for termination of training on remaining absent continuously for 10 days or more.
- f. I have not submitted any false declaration/documents. If found anything false in future, my training shall be terminated without any intimation.

The terms and conditions of training would be as follows:

- 1. The duration of the training programme shall be 1(one) year.
- 2. Candidates who have undergone similar training programme at IGH shall not be eligible for second tenure.
- 3. After completion of the training, the trainees cannot claim any type of temporary or permanent employment in RSP
- 4. During the period of Training the trainees are required to undergo training in shifts i.e. "A", "G", "B" & "C" as per requirement
- 5. They shall undergo training at IGH, OHSC, Covid Care Centers, Covid Testing Centers, Fertilizer Hospital, Sanjeevani, Health Centers located in various Sectors as per requirement.
- 6. Trainees shall be entitled for one weekly off and National Holidays.
- 7. Free medical treatement for self at IGH only during the period of training.
- 8. Trainees under Anesthesia/OT Assistant Training Programme are required to work in OT's, Emergency & Trauma Center and Oxygen Plant etc.
- 9. The Trainees shall be assessed on monthly basis on 5 Star rating system (1 being poor & 5 as excellent) alongwith monthly attendance. The final rating shall be based on monthly rating system and the same shall be mentioned in Final Training Completion Certificate.

Place: Rourkela

Full Signature of the
Candidate

Date

I _____ Caste/Category_____ submit the following documents in original for verification, in connection with an Interview to undergo" _____" at IGH, Rourkela.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

Date:_____

Signature:_____

Name:_____

Received the above certificates in original after verification.

Date:_____

Signature:_____

Name:_____

Registered Office: Ispat Bhawan, Lodi Road, New Delhi 110003

Corporate Identity No:L27109DL1973GOI006454, Webite: www.sail.co.in

There is a little bit of SAIL in everybody's life