भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
(स्वास्थ्य सेवा महानिदेशालय)
केन्द्रीय औषध मानक नियंत्रण संगठन
केन्द्रीय औषधि परीक्षण प्रयोगशाला क्षेत्रीय अषध प्रशासन भवन, जी.एम.एस.डी कंपाउंड,

बेलासीस रोड, मुंबई सेन्ट्रल, मुंबई - 400 008

दूरभाष : 022-23002309/022-23002138

फैक्स : 022-23099240

ईमेल : cdtlmumbai@cdsco.nic.in



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 – 400008
Tel: 022-23002309/022-23002138

Fax: 022-23099240
Email: cdtlmumbai@cdsco.nic.in

Accredited By: NABL (ISO/IEC-17025:2017 in Chemical & Biological Testing)
Certified For: IMS (ISO - 9001:2015; ISO - 14001:2015; ISO - 45001:2018)

F. No. 7(5)/NTTL/CDTL-MUM/2021-22/6322

Date: 09/12/21

CIRCULAR

Government of India
Ministry of Health & Family Welfare
National Tobacco Testing Laboratory – Mumbai

Central Drugs Testing Laboratory – Mumbai Zonal FDA Bhawan, GMSD Compound, Bellasis Road, Mumbai Central, Mumbai – 400 008.

RECRUITMENT OF STAFF FOR NATIONAL TOBACCO TESTING LABORATORY - MUMBAI

The Ministry of Health & Family Welfare is implementing National Tobacco Control Programme throughout the country. Under the Programme, National Tobacco Testing Laboratory is set up at Central Drugs Testing Laboratory (CDTL) Mumbai

Director, Central Drugs Testing Laboratory (CDTL), Mumbai invites applications from eligible candidates for the following contractual post within fifteen days of the publication of this advertisement in the Employment News Paper.

| Sr. No. | Designation | No. to be engaged | Max. age limit (years) as on 01 January, 2022 | Consolidated emoluments monthly (in INR) |
|------------|-------------------------------|-------------------|---|--|
| 1. | Senior Scientific Officer - I | 1 | 45 | 65,000/- |

ToRs for the Posts:

Senior Scientific Officer-I (One Post)

Qualification:

Essential: M.Sc. with Ph.D in Chemistry/Analytical Sciences/Instrumentation/studies related to tobacco and tobacco products.

Desirable: 3 years research experience in natural products/synthesis/analysis of organic compounds/bio-chemical/pharmaceutical sciences.

Job description: To plan and execute analytical work.

Eligible candidates shall be required to submit separate application for post to be applied in prescribed format annexed with self-attested copies of certificates of qualifications and experience to **the**Director, CDTL, Mumbai at the above address by post. All original documents must be brought for verification at the time of interview, if invited. No TA/DA will be paid for attending the interviews for the job applied for.

(Dr. Raman Mohan Singh)
Director
CDTL-Mumbai

Copy to:

1. Shri. Govind Jaiswal, Director, Ministry of Health & Family Welfare, Room No. 205-D, Nirman Bhawan, New Delhi – 110011 - with request to upload the matter on the Ministry website: https://main.mohfw.gov.in/vacancy.

2. Dr. L Swasticharan, Co-ordinator & Additional Dy. Director General, DGHS, Ministry of Health & Family Welfare, Room No. 743, A Wing, Nirman Bhawan, New Delhi – 110011.

3. Technical Support Unit, National Tobacco Testing Laboratories, Room No. 743, A Wing, DGHS, Nirman Bhawan, New Delhi – 110 011.

4. The Editor, Employment News, 7th Floor, Soochna Bhawan, C.G.O. Complex, Lodhi Road, New Delhi – 110 003.

Director, Central Drugs Testing Laboratory (CDTL), Mumbai layites applications from cityible

5. Notice Board for vide publicity.

Annexure-I APPLICATION FORM

To be filled by office only
Name of the
post::______

Paste your recent passport size photograph duly self attested

| Post applied for: | |
|------------------------------------|--------|
| 1. Name of the Applicant: | |
| 2. Father's/ Husband's Name: | |
| 3. Date of Birth: | |
| 4. Gender (M/F):5. Marital Status: | |
| 6. Nationality: | |
| 7. Correspondence Address: | |
| 8. Contact Number (Res): | (Mob): |
| 9. Email –ID: | |
| 10. Category (SC/ST/OBC/GEN): | |

12. Educational Qualification:

11. Whether Physically Handicapped (YES/NO):

| S. No. | Academic / Professional Qualification | Name of Institution | Board / University | Course Duration &Year of Passing | Division/ Grade/ % of Marks |
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13. Experience:

| S. No. | Post held | Part time/ Contract/ Ad- hoc/ Regular/Temp/ | Name of Institution / Employer | From | Field of Experience | Salary drawn |
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