

November, 16, 2016

Recruitment of Pharmacovigilance Associate
Under Pharmacovigilance Programme of India (PvPI)
At Seth GSMC &KEM Hospital Mumbai

The Pharmacovigilance Associates shall be posted at ADR (Adverse Drug Reaction) monitoring centre in the Dept. of Clinical Pharmacology strictly on contractual basis. The Pharmacovigilance associate will be under the administrative control of the Dean (G & K) and the HOD, Dept. of Clinical Pharmacology, Seth GSMC &KEM Hospital.

Post: Pharmacovigilance Associate (PA)

Number of Posts: One (01) **Qualification::** MBBS, BDS, MPharm, Pharma. D

Job Description:

- Collection of ADR reports
- Follow up with the complainant to check completeness as per SOPs
- Data entry into Vigiflow Database
- Reporting to Pvpl coordinating Centre (PvPI NCC) through vigiflow with the source data (Original) attached with each ADR case.
- Training/ Sensitization/ Feedback to physicians through newsletters circulated by the PvPI NCC.
- Other activities as assigned by the competent authority from time to time

Emoluments: Rs. 25,000/- p.m. (Consolidated)


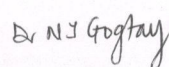
The salary will be furnished by **Indian Pharmacopoeia commission, Ghaziabad. UP.**

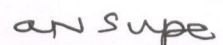
Documents required along with application form:

1. 1 Passport sized photo along with latest copy of CV.
2. Xerox copies of Academic mark sheets.

Applications to be sent to: ujwala.parulekar@gmail.com, sidds9o9o@gmail.com.

Last Date of application submission: 26th November 2016. Date of interview will be conveyed later.

 
Dr. Urmila Thatte
Professor & Head
Dept. of Clinical Pharmacology


Director (ME & MHs)
DEAN
K.B.M. HOSPITAL

Note: Travel for interview will **NOT** be reimbursed

Post applied for _____ Location (office) (as per table) _____

PROFORMA FOR APPLICATION

Name

Father's Name

Mother's Name

Date of Birth

Marital Status

Proficiency in Languages

Address for Correspondence

Present

Permanent

Telephone No. _____ (O), _____ (R), _____ (M)

Email:

Passport size
Photograph of the
candidate

Educational Qualification

Degree/ Examinations	Year	Board/ University	Subjects/ Specialization	% of marks

Proficiency in computer Details of course/training undertaken

Experience

Declaration

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

Signature

Date
Place