



BOMBAY COLLEGE OF PHARMACY

(A Venture of The Indian Pharmaceutical Association - Maharashtra State Branch)
Kalina, Santacruz (East), Mumbai - 400 098. India Tel.: (022) 2667 0871 / 2667 1027 Telefax : 2667 0816
E-mail: office.bcpindia@gmail.com/office@bcp.edu.in, Web: www.bcp.edu.in

Vision : To be a leader in Pharmacy Education, Pharmacy Training and Research in Pharmaceutical Sciences
Mission : To educate and train students in the knowledge and practice of pharmaceutical sciences
To contribute to improvement of health of the society through education programs
To contribute to improvement of health of the society through research programs

Applications are invited for the following contractual teaching positions on an Ad-hoc basis for the academic year 2019-20.

Sr. No.	Cadre	Subject	Educational Qualifications	Total No. of posts
1	Assistant Professor	Pharmaceutical Chemistry	As per AICTE/PCI/University of Mumbai norms	1
		Pharmacology		1

Applications with full details should reach the Principal, Bombay College of Pharmacy, Kalina Santacruz (E), Mumbai -400050 within 10 days from the date of this advertisement.

Dr. Krishnapriya Mohanraj
Incharge Principal
PRINCIPAL

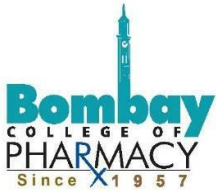
BOMBAY COLLEGE OF PHARMACY
KALINA, MUMBAI-400 098.

Place: Mumbai

Date: 11 July 2019



Application number (Office Use only)



Bombay College of Pharmacy

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APPLICATION FORM

(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Advertisement Ref.

Post Applied for.

Department

Please affix
a recent
passport size
photograph

1. Name of the applicant (First Surname)

2. Address: Present (For communication)

Fax :	<input style="width: 85%;" type="text"/>
E-Mail:	<input style="width: 100%;" type="text"/>
Telephone:	Office: <input style="width: 55%;" type="text"/> Residence: <input style="width: 40%;" type="text"/>

3. Date of birth

Day		Month		Year	
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 5. Nationality:

4. Present Employment: (Attach photocopy of salary slip and appointment letter)

Designation:	
Organization:	
Date of Joining:	
Scale of Pay (Rs.):	
Basic Pay (Rs.):	
Total Emoluments (Per month) (Rs.):	

5. Basic Pay expected (Rs.):

6. (a) Tick-Mark the appropriate Box (Please attach a copy of the documentary proof)

General SC ST OBC PH

7. Total years of teaching experience:

8. Total years of industry experience and /or research experience:

9. Areas of Specialization

10. Current areas of research

11. Academic Record starting with B. Pharm (please attach photo copies of certificates/Mark sheets)

Examination	Branch/ Specialization	College/ University/ Institute	Year	% of marks/ Grade/GPA	Division (eg- First Class)	For office use

12. Teaching (particulars of your past position(s))(Attach photocopies of service certificates)

Employer	Position held	Date of joining	Date of leaving	Basic Pay with scale of pay	For office use
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

Have you ever been discharged/suspended from any position? If yes, state reasons.

13. Have you been a research guide? Give details. (Attach University approval letter and copy of title/first page of thesis having guideship details)

Sr. No	Degree (M.Pharm/PhD)	University	Title of Thesis	Degree awarded in year

14. Give details of publications (Attach first page of publication)

Sr. No.	Title of publication	Authors	Journal name, Vol. No., Pg. No., Year	Scopus impact factor	For office use

15. Special Professional Awards/Honours received, if any? (Attach proof)

Year	Name of award/Honour	Name of organization

16. Co-curricular and extra-curricular professional activities (Attach proof)

Sr. No.	Details	For office Use

17. Membership of professional bodies: (Attach proof)

Name of the Body	Status of Membership: Life/Annual

18. Details of two Referees (should be familiar with your recent work)

	I	II
Name		
Occupation or Position		
Address		
Fax (If any)	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-Mail		
Phone No. (With STD code)		

19. Statement of objectives (To be filled up in Candidate's own hand writing)

a) Please indicate as to why you wish to join Bombay College of Pharmacy (Max 200 words)

b) How in your opinion do you meet the job requirement as advertised? (Max 200 words)

c) A short paragraph about the research/teaching/development projects you would like to undertake and the courses that you would like to handle (Max 400 words)

NOTE: a) Please insert page numbers for application form and then provide annexures of photocopies requested as Annexure (Point No)- e.g. Annexure 14A, Annexure 14 B.....and so on.
 b) Use separate sheet if necessary for any of the above items.

DECLARATION

I, hereby, declare that all entries in this form as well as attached sheets are true to the best of my knowledge and belief.

There are _____ attached sheets along with this form.

Date:

Place:

(Signature of the applicant)