



**THE INDIAN MEDICAL PRACTITIONERS'  
CO-OPERATIVE PHARMACY & STORES LTD.,X-185,  
34-37, KALKI KRISHNAMURTHY SALAI,  
THIRUVANMIYUR, CHENNAI - 600 041**

PH.NO.044-24521029/24520189 Tele Fax: (044) 24523313

### RECRUITMENT NOTICE

Applications are invited from the eligible candidates for the post of **"MEDICAL SUPERINTENDENT "** in our Society. The details are as under:-

1	Name of the post	MEDICAL SUPERINTENDENT
2	No. of Vacancies	4 (Siddha -3; Ayurvedha -1)
3	Educational qualification	<u>Medical Superintendent (Siddha)</u> Registered Medical Practitioner of Indian Medicine possessing the qualification of Graduate in Indian Medicine in Siddha recognized by the CCIM or concerned States  <u>Medical Superintendent (Ayurvedha)</u> Registered Medical Practitioner of Indian Medicine possessing the qualification of Graduate in Indian Medicine in Ayurvedha recognized by the CCIM or concerned States
4	Place of Work	Head Office (Transferrable)
5	Reservation	Medical Superintendent (Siddha) – UR -1, OBC-1; SC-1 Medical Superintendent (Ayurvedha) – ST -1
6	Age Limit	18-35 years as on 01.06.2021. The Upper Age limit will be relaxed 3 years for OBC and 5 years for SC/ST
7	Scale of Pay	Pay Level 6- Rs.35,400- Rs.1,12,400/- plus other allowances as applicable

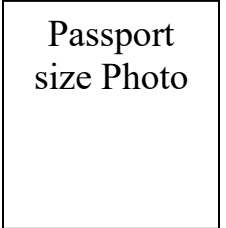
Candidates possessing the above qualifications may apply by downloading the application from our website along with D.D. for Rs.250/- drawn in favour of "IMPCOPS LTD.," payable at Chennai on any one of the Nationalized Bank giving full details along with Xerox copies of all the related Certificates and testimonials (with self attestation) **so as to reach the undersigned on or before 05.04.2021 by 4.00 P.M.** The applications shall be sent by Registered Post duly superscribed as **"APPLICATION FOR THE POST OF "MEDICAL SUPERINTENDENT"**). The date, time and the venue of interview will be intimated to eligible candidates in due course. Candidates shall appear for the interview at their own cost along with their original testimonials. The decision of the Management in this connection will be final.

(By order of the Board)

SECRETARY I/C

**APPLICATION FOR THE POST OF “ MEDICAL SUPERINTENDENT”, HEAD OFFICE**

1. Name of the candidate :
2. Father's/Husband's Name :
3. Age & Date of Birth  
(as on 01.06.2021) :
4. Religion : UR/OBC/SC/ST
5. Community :
6. Educational Qualifications :
  - a) Academic
  - b) Technical
7. Experience :
8. Address for communication with contact  
Phone No. /e-mail :
9. Permanent Address with Contact  
Phone No. :
10. Languages known :
11. Others, if any :



I hereby certify that the details furnished above are true and correct.

Place:

Date:

Signature of the candidate

**N.B.** Attested Xerox copies of Certificate for age proof, Qualification, community and experience shall be enclosed along with this Application.