



MEDICAL SERVICES RECRUITMENT BOARD (MRB)

7th Floor, DMS Building, 359, Anna Salai, Teynampet, Chennai-600 006

Website: www.mrb.tn.gov.in Email: mrb.tn@nic.in twitter.com/mrb_tn

Phone No.: 044 - 24355757

CV Intimation No.06/MRB/2022

Dated:16.05.2022

CERTIFICATE VERIFICATION SCHEDULE FOR PHARMACIST (HOMOEOPATHY)

You are hereby informed to appear for verification of your certificates/ documents as claimed by you in your on-line application.

The list of documents to be produced by you (in original along with one set of self-attested photocopies) is attached herewith. You are required to appear for the verification as per the following date/time/venue.

Date of Certificate Verification	Forenoon 11:00 AM (Sl.No)
23.05.2022	1 - 4
Venue	Medical Services Recruitment Board, 7th Floor, DMS Building, 359, Anna Salai, Teynampet, Chennai-6

* (For Sl.No. refer Annexure)

Note:

- If the candidate fails to appear for verification of certificates / documents on the specified date / time, it will be presumed that the candidate is no longer interested in the post and his / her candidature is liable for rejection, without any further notice.
- Mere calling for verification of certificates / documents does not confer any right over selection / appointment.
- The candidates are called for verification of certificates / documents based on the particulars furnished in their on-line applications such as age, educational qualification, community, etc. The provisional selection of candidates will be made

only after verification/ acceptance of certain documents, educational qualification possessed by him/her, clarification regarding community status and its acceptance, marks / rank list of the candidate etc. as the case may be. If any of their claims are found to be false or incorrect, their candidature is liable for rejection at any point of time.

- d. Candidate called for Certificate Verification is hereby advised to appear with all the relevant documents in original without fail. Failure to produce even any one of the essential documents will result in rejection of his / her candidature.

MEMBER SECRETARY

MEDICAL SERVICES RECRUITMENT BOARD

DOCUMENTS FOR VERIFICATION FOR THE POST OF PHARMACIST (HOMOEOPATHY)

The following documents (original along with one set of self-attested photocopies) are to be produced at the time of certificate verification. [Please arrange and bring the certificates in the same order for easy and quick verification]

1. Evidence of Date of Birth (Birth Certificate/ SSLC/ HSC)
2. Evidence of Educational qualification (SSLC; HSC and Diploma in Indian Medicine / Diploma in Pharmacy (HOMOEOPATHY) / Diploma in Integrated Pharmacy conducted by Government of Tamil Nadu. Mark statement of Diploma and Internship completion certificate.
3. Evidence of Tamil qualification (*viz.*, SSLC / HSC /Certificate for having passed the second class Language Test (Full Test) in Tamil conducted by the Tamil Nadu Public Service Commission).
4. Community certificate from the competent authority (Permanent Community Certificate)
5. Certificate of character and conduct issued by Group A or Group B Officer. (Specimen copy furnished in next page)
6. Certificate of character and conduct issued by the Head of the Institution in which he / she last studied.
7. Differently abled certificate issued by the competent authority.
8. No Objection Certificate from the Appointing Authority concerned (as per Annexure 5)(if applicable)
9. An undertaking and Declaration to be submitted as in para 12(A) and 12(B) of Notification (Blank forms will be given during Certificate Verification)
10. Two (2) passport size colour photograph (with Name and Application number on the backside).
11. Any one of the Photo Identity Card issued by Government showing the address as in the application.
12. The candidate will also be asked to sign on the printed copy of on-line application (printed copy will be provided to the candidate at the venue)

**Specimen Copy of conduct and Character Certificate (to be issued by a
Group A or Group B Officer)**

Name of the Certificate issuing officer:

Date :

Designation :

Address of Institution :

Phone No.:

E-mail :

CERTIFICATE OF CHARACTER AND CONDUCT

This is to certify that Son / Daughter of
Thiru..... who
is residing
at.....
.....is known to me for the
past Years (Minimum 2 years). His/ Her Character and conduct are
..... The individual is not related to me.

Photograph of the candidate
Specimen Signature of the candidate

Signature of the Certificate Issuing
Officer

Full Name:

Designation with seal:

**(Photo to be attested by the
Certificate issuing officer
with seal)**

ANNEXURE
LIST OF CANDIDATES CALLED FOR CERTIFICATE VERIFICATION FOR THE
POST OF PHARMACIST (HOMOEOPATHY) BASED ON THEIR QUALIFICATION,
WEIGHTAGE MARKS AND COMMUNAL ROSTER

S.N	App. NO	NAME	D.O.B	Weight age Marks Out of 100 %	COM MUNA L CATE GORY	Qualification(*)
1	151794	THENMOZHI K M	01.07.2001	83.21	SC	Diploma in Indian System of Medicine
2	151410	DEVAYANI P	30.05.1998	69.04	SC	Diploma in Indian System of Medicine
3	150132	KEERTHANA A	20.03.2002	67.51	BC	Diploma in Indian System of Medicine
4	150306	GOKUL PRASANTH M	23.06.2000	65.34	BC	Diploma in Indian System of Medicine

*** As per preferential order of Qualification notified in
notification No:06/MRB/2022, Dated:15.02.2022.**

**Weightage Marks of the last candidates called for
Certificate Verification under each category are furnished
hereunder**

Category	Weightage Marks Out of 100 %	Qualification
BC	65.34	Diploma in Indian System of Medicine
SC	69.04	Diploma in Indian System of Medicine

MEMBER SECRETARY