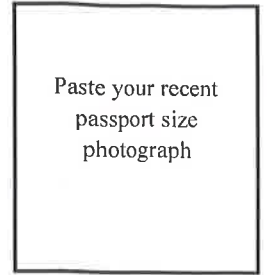


APPLICATION FORMAT

ANNEXURE-I



1. Name of the post applied for:
2. Full Name of the candidate:
(in Capitals)
.....
3. Date of Birth:

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Day
Month
Year
4. Gender: (Write '1' for Male, '2' for Female):
5. Marital Status:
6. Father's/Husband's Name:
7. Proficiency in Language:
8. Mailing Address (in block letters):
.....
.....Pin code:
Tel. No.:Mobile:
Email ID:
9. Nationality:
10. Whether Physical Handicapped? : (Write '1' for Yes, '2' for No)
11. Community (please tick ✓) SC ST OBC GENERAL
12. Educational Qualification:

Degree/ Examination	Year	Board / University	Subject	Specialization	Encl. No.
Post-Graduation (M.Pharm/M.Sc.,)				1. 2. 3. 4.	
Graduation (Degree/B.Pharm./B.Sc.,)					
Intermediate/10+2					
SSC/10 th					

13. **Brief professional experience:**

Office/Instt. Firm	Post held	Part time/ contract basis/ Ad-hoc/ regular/ Temp./ Pmt.	Exact dated to be given (indicate day, month & year)		Total Period (in- years)			Last pay with proof	Nature of duties	Encl. No.
			From	To	Year	Months	Days			
Total										

14. Any other relevant information (Training/Workshop etc.):

15. Details of enclosures in pdf format

Sl. No.	Name of the Attachment
1.	Application Form (Annexure – I) as one pdf
2.	Brief Curriculum Vitae with Photo as one pdf
3.	Qualifications (Starting from Post Graduate to SSC) as one pdf
4.	Experience Certificate(s) as one pdf
5.	One Address Proof (Aadhar Card / Driving License / Voter ID)
6.	Intimation Letter /No Objection Letter from present employer.

Note : No TA /DA will be paid to the applicant called for written test /interview.

I hereby declare that all the statements made in the application we true and complete to the best of my knowledge and belief. I have not suppressed material facts in the information/data furnished above. **I have informed my Head Office/Deptt, in writing that I am applying for this selection.**

Date:

Signature of Candidate:

Place:

Address: