

**PRESCRIBED PROFORMA FOR APPLICATION
APPLIED FOR : Pharmacist-Cum-Dresser (On Contract)**

1. Name :
2. Father's Name :
3. Date of birth :
(Self Certified copy of proof to be enclosed)
4. Age (As on 27/10/2023) :
5. Permanent Address :
6. Address for Communication :
7. Telephone : Landline : Mobile : -----
8. E-mail Address:
9. Nationality :
10. Religion :
11. SC/ST/OBC :

Paste Photo here

12. Academic Qualification:

Examination	Subject / Honours / Pass Course	Name of Board/ College / University	Percentage (%) with Division / Class
Madhyamik (or equivalent)			
Diploma in pharmacy			
Additional Qualification			

(Self-certified copies of Marks sheets/ Certificates to be enclosed)

13. Professional qualification:

14. Experience:

Post	Scale of Pay & Present Basic Pay.	Organization	From - To	Period

(Self-certified copies of certificates to be enclosed)

15. Additional Information (if any)

I certify that the above information is true to the best of my knowledge and if any document found incorrect at any stage during my service at HDC, my job may be liable for termination that necessary documents including the certificate from my employer are enclosed.

(Full Signature of Applicant with date)