Application Form (Diploma In Pharmacy)

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN OWN HANDWRITING. (Except Signature in CAPITAL LETTER)

(ALL APPLICATIONS MUST BE SUBMITTED IN A4 SIZE 80 GSM PAPER)

P.O

City

District.

State.

Pincode:

NAME OF COURSE APPLIED Please put your signature across the photograph. 1. NAME OF CANDIDATE: FIRST NAME: MIDDLE NAME: SURNAME: 2. FATHER'S NAME: 3. MOTHER'S NAME: □ obc □ 4. a) CATEGORY (TICK √) General sc [5) GENDER: MALE FEMALE 6) DATE OF BIRTH (DD/MM/YYYY) Months Days 7) AGE 8) PERMANENT ADDRESS:

PASTE (Do not Pin or Staple here). Paste recent pass port size colour photograph of size 3.5 cm X 3.5 cm. The Colour photograph should not be more than 3 months old.

9) ADDRESS FOR CORRESPONDENCE: Pro City. District. State. Pin Code 10) MOBILE NUMBER: 11) E MAIL ID: 12) EDUCATIONAL QUALIFICATIONS. ACADEMIC BOARD MATH/BIOLOGY YEAR OF PASSING GRADE / PERCENTAGE

ACADEMIC	BOARD	MATH/BIOLOGY	YEAR OF PASSING	GRADE / PERCENTAGE
SSC/X/Matric/X				
Higher Secondary / XII				
Any Others.				

13) PROFESSIONAL EXPERIENCE:

Employment details (If any)

			Duration				
SL NO		From	То	Total (in Months)	Total Exp.	NATURE OF DUTIES	

14) TRAINING AND OTHER COURSES ATTENDED.

			DURATION		
SL NO	NAME OF TRAINING / OTHER COURSES ATTENDED	NAME OF INSTITUTE	From	То	Total

15) LANGUAGE KNOWN: (PLEASE TICK $\sqrt{\ }$)

SL	LANGUAGE	WRITING	READING	SPEAKING

Declaration:

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case, any of my statements is found untrue during any stage of my education and thereafter, I shall not be worthy of the Degree applied for and shall be liable for any penal action.

	Signature of the Candidate	
Place:		