

NATIONAL HEALTH MISSION, HP,SHIMLA-9

APPLICATION FORM FOR THE POST OF PHARMACIST INDISTRICT HIMACHAL PRADESH.

Recent passport size
self attested
photograph of
candidate

PERSONAL INFORMATION

1. Name (IN CAPITAL LETTERS): _____
(Please underline surname)

2. Father's Name: _____

3. Date of Birth: _____(attach proof)

Age as on 15th October, 2015: _____

1. I am a (tick one):

Indian Citizen with valid Himachal domicile

Indian Citizen without valid Himachal domicile

others

5.Sex : Male Female

6.Marital Status : Married Single

7.Permanent Address : Vill _____ PO _____ Tehsil _____
Distt. _____

8. Address for Correspondence: _____

_____ Postal Code: _____

Contact No (Mobile): _____ Email address: _____

9. ACADEMIC QUALIFICATIONS (Matric and above)

Date		Schools/Institutions Attended	Affiliation/ Recognition	Qualifications Obtained	Percentage (aggregate)/Grade
From	To				
		Matric			
		10+2 in Science			
		Bachelors degree / Diploma in Pharmacy or its equivalent from a recognized university			
		Registration Certificate from Pharmacy Council of the concerned State/ Centre Govt.			

10. OTHER QUALIFICATIONS / COURSES ATTENDED / AWARDS ATTAINED (Indicating computer literacy)

Date		Qualifications / Awards Obtained	Awarding Institution
From	To		

11. EXPERIENCE

Sr.No.	Name of Organization	Number of Post	From	To	Pay	Total

12. Name & Registration No.of employment exchange(if applicable) : _____

13. Detail of Fee in favour of the concerned CMO payable at _____

i) Rs.200/- in case of UR candidate

ii) Rs.100/- in case of SC/ST/OBC

DD No./Date	Dated	Rs.	Drawn on

14.. LIST OF ENCLOSURES

Self attested copies of

1. Matric certificate
2. 10+2 certificate
3. Bachelor Degree /Diploma in Pharmacy
4. Registration Certificate from Pharmacy Council of the concerned State/ Centre Govt.
5. Latest category certificate of SC/ ST/ OBC/IRDP
6. Experience
7. Self addressed two envelope size 6"x11" duly stamped with Rs 5/-

15. Verification

I------(Name of Candidate) verify that the above information is correct to the best of my knowledge. I understand and accept that providing false information deliberately could result in rejection of my application and later termination.

Date

Signature of the Candidate