

APPLICATION FORM

Advertisement No.		Recent Passport size self attested Photograph.				
Name of the Post						
1. Applicant Name:						
2. Father's Name:						
3. Date of Birth:	4. District of Domicile:	5. Sex				
6. Age as on 01.3.2020	Contact No.	email.id:				
7. Present Contact Address:		8. Permanent Contact Address:				
9. Languages spoken/ written:						
10. Council Regd.No.		Valid up to :				
11. Professional Qualification details:						
Sl. No.	Exam Passed	Name of Board/ University	Year of passing	Mark Secured (excluding 4 <sup>th</sup> optional)		
				Full mark	Mark Secured	% of Mark
1	HSC/Equivalent					
2	+ 2 / Equivalent (stream: _____)					
3.	Diploma in Pharmacy/ DMLT/DMRT/GNM/ B.Sc. Nursing/ HW (F) Council					

DECLARATION

I do hereby declare that the statement/information furnished above in this application and documents submitted with this application are true and correct to the best of my knowledge and belief. In the event of any of above information/documents being found false, fake, forged or incorrect at any stage here after my candidature is liable to be rejected/terminated without notice to me and I shall be liable for any action to be taken against me according to Law.

Date:

Place:

Full signature of the Applicant

List of enclosure(s):-