APPLICATION FORM

Name of the Post Applied for: Pharmacovigilance Associate	Paste your recent							
(in Capitals)	passport size photograph							
Date of Birth:								
Gender: (Write '1' for Male, '2' for Female)								
Marital Status:								
Father's/Husband's Name:								
Mailing Address (in block letters):								
Pin Code:								
Tel. No.: Mobile:								
E.mail ID (if any):								
Nationality:								
Whether Physical Handicapped?: (Write '1' for Yes, '2' for No)								
Category (please tick $\sqrt{}$) SC ST OBC GENER	AL							
All Educational/other professional Qualifications/Training Courses etc from 10 th Examination onwards:	Standard Board							
Exam passed/ Division/Grade Year of Duration of the Degree Trg. % of Marks Passing Degree/ Diploma Subject Sub	Subject of Specialistion							
	Full Name of the Candidate: (in Capitals) Date of Birth: Day Month Year Gender: (Write '1' for Male, '2' for Female) Marital Status: Father's/Husband's Name: Mailing Address (in block letters): Pin Code: Tel. No.: E.mail ID (if any): Nationality: Whether Physical Handicapped?: (Write '1' for Yes, '2' for No) Category (please tick √) All Educational/other professional Qualifications/Training Courses etc from 10 th ; Exam passed/ Division/Grade Year of Duration of the Board/University Subset.							

12. Brief professional experience:

Office/Instt. Firm	Post held	Part time/ Contract Basis/		ates to be dicate day,	Total Period (in years)			Scale of pay	Nature of duties
		Ad-hoc/ regular/			-				
		Temp./pmt.	From To		Years	Months	Days		

13.	3. Any other relevant information:										
14.	Details of en	iclosures:	1)								
			2)								
			3)								
I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission, if I am declared by them to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Department/ Employer, in writing that I am applying for this selection.											
Date:					:	Signatu	re of car	ndidat	te		
Place:					•	Address	:				