

APPLICATION FOR THE POST OF PHARMACIST ON AD HOC BASIS

1. NAME IN FULL:
2. PRESENT ADDRESS:
3. PERMANENT ADDRESS:
(Contact/Mobile no.)
4. DATE OF BIRTH:
5. AGE (AS ON 31-03-2012):
6. CATEGORY (GEN/ SC/ST/OBC):
7. GENDER:
8. QUALIFICATIONS:
9. UNIVERSITY / BOARD:
10. EXPERIENCE (IF ANY):
11. LANGUAGES KNOWN:

Fix Recent
Passport size
photograph

I hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false / incorrect or that I do not satisfy the eligibility criteria according to the Bank, my candidature /Ad hoc appointment is liable to be cancelled / terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them

PLACE:

DATE:

SIGNATURE OF THE APPLICANT:

1. Candidate must complete the application in all respects including pasting of photograph.
2. Incomplete application in any respect will be rejected and no correspondence will be entertained by the Bank in this matter.