

APPLICATION FOR THE POST OF PHARMACIST ON CONTRACT BASIS

Passport
size
photograph

1. NAME IN FULL:
2. PRESENT ADDRESS:
3. PERMANENT ADDRESS:
4. DATE OF BIRTH:
5. AGE (AS ON 31-08-2015):
6. CATEGORY (GEN/ SC/ST/OBC):
7. GENDER:
8. QUALIFICATIONS:
9. EXPERIENCE (IF ANY)

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 /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.