APPLICATION FORM FOR JUNIOR PHARMACOVIGILANCE ASSOCIATE

1.	Full Name of the Candidate:	Paste your recent passport size photograph
2.	Date of Birth:	
3.	Gender: (Write '1' for Male, '2' for Female)	
4.	Marital Status:	
5.	Father's/Husband's Name:	
6.	Mailing Address (in block letters):	
	Pin Code:	
	Tel. No. : Mobile:	
	E.mail ID:	
7.	Nationality:	
8.	Whether Physical Handicapped? : (Write '1' for Yes, '2' for No)	
9.	Category (please tick $$) SC ST OBC GENERAL	

10. Educational Qualifications:

S.No	Exam passed	Division/Grade % of Marks	Year of Passing	Duration of the Course	Board/ University	Subject of Specialization

11. Professional experience:

Office/Instt. Firm	Post held	Part time/	Exact d	ates to be				Scale of	Nature of duties
		Contract Basis/ Ad-hoc/ regular/ Temp./pmt.	given (indicate day, month & year)				1		
			From	То	Years	Months	Days		

12. Research publications:

13. Any other relevant information:

- 14. List of documents to be enclosured:
 - Attested copies of 10th class, 10+2/intermediate, bachelor and master degree certificates
 - Copies of previous professional experience certificate
 - Copies of research publications
 - Copies of trainings if undergone in Pharmacovigilance

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 the Commission can take action against me, if I am declared by them to be guilty of any type of misconduct mentioned herein.

Signature of candidate

Date: Place:

Address: