

APPLICATION FORM FOR PHARMACOVIGILANCE ASSOCIATE

Paste your recent
passport size
photograph

1. Full Name of the Candidate:
(in Capitals)
.....
2. Date of Birth:
 Day Month Year
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/ Contract Basis/ Ad-hoc/ regular/ Temp./pmt.	Exact dates to be given (indicate day, month & year)		Total Period (in years)			Scale of pay	Nature of duties
			From	To	Years	Months	Days		

12. Research publications:

13. Any other relevant information:

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

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.

Date:

Signature of candidate

Place:

Address: