

Annexure-7 A.b

Application Form for Pharmacy Award
(For category i) to vi) as mentioned in the scheme)

Paste Recent
Photograph

1.	Name (In Block Letters)	
2.	Date of birth	
3.	Father's/ Husband's name	
4.	Complete present address for communication with pin code	
4.1	Telephone number (Residence)	
4.2	Mobile number	
4.3	E-mail address, if any	
5.	Complete permanent address with pin code	
5.1	Telephone number (Residence)	
6.	Name and complete address of hospital/ institution/organisation/pharmacy where working	
6.1	Telephone number (Office)	
6.2	E-mail address, if any	
7.	Post held at present	
8.	Whether retired. If so, the date of retirement	

9.	Post held at the time of retirement	
10.	Details of experience in pharmaceutical service	
11.	Academic qualifications	
12.	Professional qualifications	
13.	Membership with Professional Organization(s)	
14.	Any other relevant information	
15.	Resume of the applicant as per Annexure - 7 A.c	

Signature of Applicant _____