PHARMACY COUNCIL OF INDIA

(A Statutory Body under the Ministry of Health and Family Welfare)

NBCC Centre, 3rd Floor, Plot No.2, Community Centre, Maa Anandamai Marg, Okhla Phase I, New Delhi - 110 020

APPLICATION FOR THE POST OF

Part A

Affix Recent Photograph (Digital)

1	Names in Full /in block		
1	Name in Full (in block		
	letter)		
2	Father's/Husband		
	Name		
3	Date of Birth		
4	Age	Years	Months
5	Gender		
6	Marital Status		
7	Nationality		
8(a)	Address		
	(Correspondence)		
(b)	PIN Code		
(c)	Address (Permanent)		
(d)	PIN Code		
(e)	Contact / Mobile No.		
(f)	Email Id		
(g)	PAN No.		
9	Category (Attach copy of	certificate if you belong to	SC/ST/PwD/PH or OBC):
(a)	SC		
(b)	ST		
(c)	OBC		
(d)	PwD/PH/ Differently		
	abled		
(e)	GEN		

10	Educational Qualification (In chronological order from the Senior Secondary)							
S.No	Examination	Board/	Year of	Marks		%	Divi	Subjects
		University	Passing	Obtain	Total	Marks	sion	
				ed	Marks			

11		onal Training								1	
S.No	Designation		Name	Name of Organization		Period of Service / Training				Particulars of Training	
						From To		ō	0		J
						•	•			•	
40	17	ll .f									
12		owledge of w c/work station			itv						
		h working wit			ity						
		ckages / digit									
	(PI	ease specify)									
13	Employme	nt Record (deta	ails in rev	erse c	hronological	order, S	tarting with	latest jo	b):		
S.	Designation	· · · · · · · · · · · · · · · · · · ·	Address				Nature of		Period of Se		Nature of wor
No		Organization		Organization Organization		Scale/ Pay in	Appointme				and level of
					Pay Band+					responsibilitie	
					GP/ AGP as		From	То	Period		
						per 7th					
						CPC					
*Cent	ral Governi	 ment /State	Governm	nent/	Governmen	l t aided	Departme	nt or	 Centra	ıl Govei	nment/ Stat
	•	vernment aided									
		rnment /State			Autonomous	s Institu	ite or Cen	tral Gov	ernme	nt /Sta	te Governmer
Auton	iomous body	or Any other (piease sp	еспу							
Note:	Please indic	ate your total e	xperience	e for e	ligibility to th	e post a	pplied for Ye	ear Mont	hs		
14 Publications and Reports											
	(Please enclose list under										
	separate headings :										
		Conferences	and								
	Reports)										

Name and address of 2 persons (not related to you) who are well aquanted with your academic record and professional work for Reference					
(a)	Reference 1				
(b)	Reference 2				

Declaration

I hereby certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. At anytime I am found to have concealed/distorted any material information, my appointment shall be liable to be summarily terminated without any notice/compensation.

Digital Signature of Candidate

Dated:-----

Place: -----

Please upload self attested certificates of your age, qualification and experience with the application.

Annexure 1

FORWARDING AUTHORITY / EMPLOYERS ENDORSEMENT /NO OBJECTION CERTIFICATE

This is to certify that Dr./Sh./Smtis
presently holding the post of
on regular basis in our Organization/Department/Institute w.e.f
It is further certified that the details given by him/her in the online application No against the PCI Advt. are verified and found correct as per our records.
This Organization/Department/Institute has no objection to him/her applying for the post of in PCI. In case of his/her selection, he/ she will be
relieved immediately and his/ her lien will /will not be retained by this organization.
Our Institute is Central Government /State Government/ Government aided Department or Central Government/ State Government/ Government aided Institute or Central Government/State Government /State Government /State Government /State Government /State Government /State Government Autonomous body/Self-financed or any other (please specify) and his/her post is government funded or private funded.
Signature of employer with office stamp
Dated:
Place.

Annexure 2

VIGILANCE CLEARANCE CERTIFICATE AND INTEGRITY CERTIFICATE

Place:	
Dated:	
	Signature of employer with office stamp
the officer is also certified.	
enquiry is either pending or contempla	ated against him /her. The integrity of
It is further certified that no vigilance	/disciplinary case and departmental
regular basis in our Organization/Dep	partment/Institute.
	on
is presently holding the post of	
This is to certify that Dr./Sh./Smt	