मत्यमेय जयते

PHARMACOPOEIA COMMISSION FOR INDIAN MEDICINE & HOMOEOPATHY

PLIM Campus, Kamla Nehru Nagar, Ghaziabad-201002 (U.P)

APPLICATION FORM

| | | | | Affix self | | | |
|---|------------------|------------------------------|----------|--------------------------|--|--|--|
| Advt. No. 01/2019 | | | | attested recent | | | |
| 1. Name of post applied | : | | | passport size photograph | | | |
| 2. Name of Candidate (in CAPITAL letters) | : | | | | | | |
| 3. Father's/Husband's Nam | e : | | | | | | |
| 4. a. Permanent Address: | | | | | | | |
| | | | Pin Code | | | | |
| Email Id:Mobile No | | | | | | | |
| b. Correspondence Address | : | | | | | | |
| Pin Code | | | | | | | |
| Email Id:Mobile No | | | | | | | |
| 5. Gender (Tick √ in box) | : | Male | Female | | | | |
| 6. Date of Birth (DD-MM-Y (in Christian Era) | YYYY) : | | | | | | |
| 7. Community (Whether SC/ST/OBC/Ot | thers) : | | | | | | |
| 8. Nationality | : | | | | | | |
| 9. Educational Qualification | ns (Starting fro | om High School): | | | | | |
| Sl. Examination No. passed | Year | Name of Board/ University | Subjects | Division/ Percentage | | | |
| | | | | | | | |
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| | | | | | | | |
| 10. Specialization, if an | у | | | | | | |

11. Experience: Academic/Research/Typing etc. (Please append extra sheet, if necessary):

| Held of Organization of work From To (Years, Months, D | Total Period | riod | Peri | Salary/Remuneration | Nature of work | Name & address of Organization | Post | Sl. No. |
|--|--------------------------|------|------|---------------------|-------------------|--------------------------------|------|------------|
| | To (Years, Months, Days) | n To | From | | OI WOLK | or Organization | пеш | |
| | | | | | | | | 1. |
| | | | | | | | | |

| 12. | Publi You i five | No. of Papers/Mono shed (give details) may enclose copies o publications. List of posium/Workshop ne | f best publication | | Conference/ | | | | |
|--------|------------------------|---|-----------------------|--------------------------------------|----------------------------|-----------------------|----------------|----------------------|-------|
| 13. | Detai | ls of Enclosures: | | | | | | | |
| I am c | f my kı leclarec | eby declare that all s nowledge and belief. I to be guilty of furni ned to my Head Offic | I understanshing wron | nd that action ca g information s | an be taken suppressing | against g of facts | me by , men | y PCIM& tioned he | zH if |
| | | | | | | Signatu | re of | the Candi | idate |
| | | | | | Name | : | | | |
| Date: | | | | | | | | | |
| Place | : | | | | | | | | |

Note: Applicants should bring their Bio-data with a set of self-attested of the documents photocopies and two passport size recent photographs.