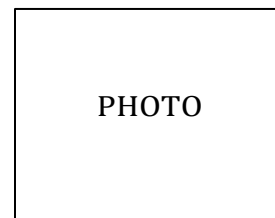


GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF DRUGS CONTROL
Indira Nagar, Gorimedu, Puducherry-605 006.

(Application form)



1. Full Name (in block letters) :
2. Father's /Husband's Name :
3. Date of Birth :
Age in years-months-days (as on the date of notification issued)
4. Aadhar No. :
5. Address for communication:
Address Line 1 :
Address Line 2 :
Address Line 3 :
District : PIN :
State :
6. Permanent Address
Address Line 1 :
Address Line 2 :
Address Line 3 :
District : PIN :
State :
7. Nationality :
8. Community :

9. Educational Qualification:

Sl. No.	Year of completion for Master Degree	Name of the Institute /University	Total marks secured in all semester	Total Max. marks in all semester	% of aggregate marks= (Total marks secured/Max. marks)*100
a.					
Percentage of Marks converted into 50% (%aggregate marks *50/100)					
b.	Experience (0-20%)				For office use only
	Name of the Firm	Designation	Duration		
d.	Marks obtained in the personal interview				For office use only
Total (a+b+c+d)					

10. Mobile :
11. Email id :

DECLARATION

I hereby declare that I have read the provisions in the notification carefully and information furnished above are true to my best of knowledge and nothing is concealed thereon.

Encl:

- 1. Birth Certificate----- (pages)
- 2. Degree Certificate----- (pages)
- 3. Consolidated marksheet----- (pages)
- 4. Experience Certificate----- (pages)
- 5. Nationality/Nativity certificate----- (pages)
- 6. Community Certificate ----- (pages)
- 7. Residence Certificate ----- (pages)
- Total ----- (pages)

Signature of the candidate

Place:

Date:

(For office use only)

Name of the Applicant :

Application No.: