

GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF DRUGS CONTROL
THE PUDUCHERRY PHARMACEUTICAL PRICE MONITORING SOCIETY
AND RESOURCE UNIT SOCIETY
Indira Nagar, Gorimedu, Puducherry-605 006.

(Application form)

PHOTO

Application for the post of

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:

i. For the post of Project Coordinator:

Sl. No.	Year of completion for Bachelor & Master Degree in pharmacy (1)	Name of the Institute /University (2)	Total Max. marks in all semester (3)	Total marks secured in all semester (4)	% of aggregate marks (5)= (Total max. marks.*Total marks secure)*100
a.	Bachelor:				
	Bachelor :Percentage of Marks converted into 70% (%aggregate marks *70/100)				
b.	Master Degree: (10%)				For office use only
c.	Experience in Pharma sector (0-5%)				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)					

ii. **Field investigator:**

Sl. No.	Year of completion for Bachelor in pharmacy (1)	Name of the Institute /University (2)	Total Max. marks in all semester (3)	Total marks secured in all semester (4)	% of aggregate marks (5)= (Total max. marks.*Total marks secure)*100
a.					
	Percentage of Marks converted into 70% (%aggregate marks *70/100)				
b.	Experience in Pharma sector (0-10%)				For office use only
	Name of the Firm	Designation	Duration		
c.	Marks obtained in the personal interview (0-20%)				For office use only
Total (a+b+c)					

10. Pondicherry Pharmacy Council
Certificate No. and Date :

11. Mobile :

12. 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. Pondicherry Pharmacy council
Registration certificate : -----(pages)
4. Experience Certificate : ----- (pages)
5. Nationality/Nativity certificate : ----- (pages)
6. Community Certificate : -----(pages)
7. Residence Certificate : -----(pages)

Signature of the candidate

Place:

Date:

(For office use only)

Name of the Applicant :

Application No.: