

3. EDUCATIONAL QUALIFICATIONS: _____

Qualification	Board / University	Year of Passing	Please mention specialty (Science/Pharmacy/others)	% of Marks / Grade
SSC/SSLC/10th/ Matriculation				
HSC/PUC/12 th /I ntermediate/+2				
Degree				
Diploma				
Post Graduation				
Others				

4. WORK EXPERIENCE: Fresher / Experienced _____ years

Name of the organization	Period From (mm/yyyy) – to (mm/yyyy)	Designation & Place of Work (HQ)	Main Therapy dealt with	Annual CTC (Lacs)

Referred by (if any):

Name of Employee: _____ Employee ID: _____

Division: _____ Head Quarter: _____



References (Any Two)

Name of Person : _____ Relation: _____

Address: _____ Mobile No: _____

Name of Person : _____ Relation: _____

Address: _____ Mobile No: _____

DECLARATION:

I hereby certify that the particulars as furnished by me in this application form are true and correct and complete in all respect. Further if I am selected and employed, I agree and accept without reservation that anytime if the above particulars are found to be untrue, incorrect or incomplete, then my appointment in the company may be terminated without notice.

SIGNATURE OF APPLICANT: _____ **Date:** _____

NAME OF APPLICANT : _____ **Place:** _____