**APPLICATION FORM**

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| --- |
| **Personal Details** |
| 1. **Name (Capital):**
2. **Birth Date:**
3. **Age:**
4. **Sex:**
5. **Marital Status:**
 |
| **Contact Details** |
| 1. **Address:**
2. **Mobile No:**
3. **E-mail ID:**
 |
| **Educational Qualification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree** | **Institute** | **University** | **Percentage** | **CGPA** | **Class** |
| **B.Pharm** |  |  |  |  |  |
| **M.Pharm** |  |  |  |  |  |
| **Any Other (Mention)** |  |  |  |  |  |
| **State Pharmacy Council Registration Number** |  |

**Experience Details** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designation** | **Institute** | **Type****(Aca/Ind/R&D/Reg** | **From** | **To** | **Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grand Total** |  |

**Research Publications****(Last 5 Years)** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Title** | **Journal** | **Year, Vol, Page no.** | **UGC/SCI/AICTE Approval Number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |
| **References** |
| **Reference 1:** 1. **Name and Designation:**
2. **Address:**
3. **Mobile No:**
4. **E-mail:**

**Reference 2:** 1. **Name and Designation:**
2. **Address:**
3. **Mobile No:**
4. **E-mail:**
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