**APPLICATION FORM**

|  |
| --- |
| **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:** |