

**PRESCRIBED FORM FOR  
PHARMACIST UNDER NRHM, ASSAM**

Photo

Name of position applied for : .....

Name of candidate (in block letters) : .....

Father's name : .....

Address for communication:

C/o : .....

Vill./Town : .....

P.O. : ..... P.S. : .....

Dist. : .....

Pin code : .....

Phone no. : .....

E\_mail address : .....

Date of birth : .....

(According to H.S.L.C. Examination, copy of which should be enclosed)

Age (as on 01-01-2013) : Years..... Months .....Days .....

Language Known : .....

Registration No. (Assam Pharmacy Council) :

Educational qualification :

Name of Course	College/ Institution	Board/ University	Year of Passing	Grade/ Percentage

Work Experience :

Sl. No.	Designation	Organization	Duration			Nature of Duties
			From	To	Total Exp.	

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action.

Date :

Place :

Signature of candidate