



Signature of the Candidate

Date:



## औषध विभाग, रसायन एवं उर्वरक मंत्रालय, भारत सरकार

## Dept. of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Govt. of India Application for \_\_\_\_\_\_

					Affix Your Recent Passport Si Color
Name of Candidate (in block letters)		:			Photograp
Father's/Husband's Name		ne :			
Date of Birth		:			
Category (UR/SC/ST/OBC/PH & Women)		: omen)			
	for corresponde bile No. & E-mai				
Academi	c Qualifications:	Board/University	Subjects	Class &	Year of
			Subjects	Class & Percentage	Year of Passing
			Subjects		
			Subjects		
			Subjects		
SI. No.			Subjects		

**Note:** Candidates should enclose all the attested photo copies of the certificates along with the application.

furnished is correct and complete to the best of my knowledge & belief.