

The Administration of Union Territory Of Ladakh

OFFICE OF THE CHIEF MEDICAL OFFICER, LEH

**APPLICATION FORM FOR ADVERTISEMENT NOTICE UNDER PRADHAN MANTRI BHARTIYA JANAUSHADHI KENDRA
(PMBJK)**

1. Programme Applied for _____

2. Name of the Candidate _____

3. Parentage _____

4. Date Of Birth _____

5. Permanent Address _____

6. Email/Contact No: _____

Latest passport
photograph

7. Details of Qualification (Year Wise):-

Examination passed	Board/University	Year of Passing	Marks Obtained/Max Marks	Percentage of marks obtained

8. Council Registration No:

9. Name of the Pharmacy Council.....

10. Experience if any:-

Duration.....years.....months

11. I do hereby declare that :-

A) The Statement in this application is true to the best of my Knowledge and belief.

B) List of Supporting Documents

1. Address proof :- passport/Adahar card /Pancard
2. Degree/ Diploma certificate from recognised university/board/School
3. D.O.B Certificate
4. Experience certificate.

Signature of the applicant.