

To  
The District Medical&Health officer  
Medak District.

Pass port  
size photo  
latest with self  
attestation

Respected Sir.

**Application form**

Name of the post ; **PHARMACIST.**

Name of the Applicant	
S/o / D/o / W/o	
Present Address	H.No. Village; Mandal ; District ; State ; Pin.No.
Date of Birth	
Caste	
Mobile No;	1. 2.
Physically Handicapped & Details.	Yes / No. ( VH / OH / HH )
D.D. No , Date & Name of the Bank & Branch & Amount Rs;	

## Details of qualified Education.

Name of the Training completed	Year of qualified	Maximum marks	Total Marks secured
D. Pharmacy			
B. Pharmacy			
Name of the training institution which Pharmacy course completed.			
Details of School Education	Year of studied	Name of the School & Village	Name of the District ( New )
1 <sup>st</sup> class			
2 <sup>nd</sup> class			
3 <sup>rd</sup> class			
4 <sup>th</sup> class			
5 <sup>th</sup> class			
6 <sup>th</sup> class			
7 <sup>th</sup> class			
8 <sup>th</sup> class			
9 <sup>th</sup> class			
10 <sup>th</sup> class			

### DECLARATION OF THE CANDIDATE

The details above stated are found correct best of my knowledge. If any misstatement / discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to terminated without any notice to me or reasons thereof.

Yours faithfully

Signature of the candidate

**Check list.**

**Name of the post ;      Pharmacist**

Sl.No.	Details of certificates	Yes / No
1	SSC memo marks certificate	Yes / No
2	Intermediate Memo marks certificate.	Yes / No
3	D. Pharmacy Provisional certificate	Yes / No
4	Pharmacy Council Registration certificate	Yes / No
5	D. Pharmacy Memo marks	Yes / No
6	Caste certificate	Yes / No
7	Bonafide certificate 1 <sup>st</sup> to 10 <sup>th</sup> class	Yes / No
8	Physically handicapped certificate if disabled person from SADARAN	Yes / No

Signature of the candidate

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**Receipt**

Received application No. \_\_\_\_\_ from \_\_\_\_\_ for the  
post of Pharmacist .

Signature