

PARTICULARS OF THE CANDIDATE

1. Name in full
(Block Letters) as mentioned
in the Date of Birth Certificate
2. Father's Name
(Block Letters) as mentioned
in the Date of Birth Certificate
3. Place and date of birth
4. Nationality
5. Permanent residential address
6. Address of the Hospital, Dispensary or
other place in which employed at present
7. Year of passing the Matriculation Exami-
nation or Examination prescribed as being
equivalent to Matriculation Examination
8. Description of qualification as a Pharmacist
9. Name of the Examining body
10. Name of the Institution (College) under
which training undergone
11. Year of passing examination
12. Passport Size Photo 2 Copies (duly attested)
13. Do you want Section to be mentioned
on your Registration Certificate or not

Signature