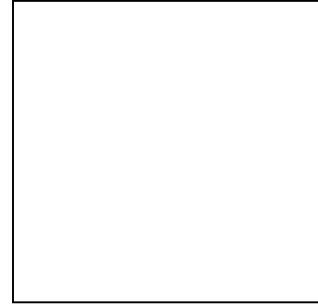


Application Form
Department of Public Health and Preventive Medicine
Tenkasi District
Application for the post of Pharmacist temporarily for 6 months on contract basis
(COVID-19)



1.	Name of the Applicant	:	
2.	Name of the Father / Spouse	:	
3.	Date of Birth with Age	:	
4.	Qualification (with Proofs) D.Pharm (Diploma in Pharmacy) 1.Degree from Govt. or Govt approved private Pharmacy colleges which are recognized by Indian Pharmacy Council. 2.Should have certificate of registration issued by the Tamil Nadu Pharmacy Council.	:	
5.	Community	:	
6.	Aadhar No. (with Proofs)	:	
7.	Mobile No. and Mail ID	:	
8.	Any previous experiences, if any kindly attached the proofs	:	
9.	Temporary / Permanent Residential Address	:	
10.	Certificate to be enclosed 1.10 th Certificate 2.12 th Certificate 3.Community Certificate 4.Degree Certificate 5.Registration Certificate 6.Mark sheet (D.Pharm) 7.Experience Certificate	:	

Place:

Date :

Signature of the Applicant

Note : 1.Applicant should fill the form and paste recent photograph and include the self attested photo copies of above mentioned proof documents and send to address provided.

2.Applicant should produce all the original documents at the time of interview.