PHARMACEUTICALS & MEDICAL DEVICES BUREAU OF INDIA (PMBI)



(Set up under the aegis of Department of Pharmaceuticals, Govt. of India) E-1, 8th Floor, Videocon Tower, Jhandewalan Extn., New Delhi - 110055



	Application for the Post of		
1.	Name of the Candidate	:	
2.	Sex (Male/Female/Others)	:	Recent Photo
3.	Father's Name	:	
4.	Mother's Name	:	
5.	Age & Date of Birth	:	
6.	Permanent Residential Address	:	
7.	Present Mailing Address	:	
8.	Contact No. & Email Id		
9.	Nationality		
10	. Marit <mark>al</mark> Status	:	
11	. Aad <mark>ha</mark> r no./Pan No.	: /	
12	. Lan <mark>gu</mark> ages Known Speak Write		
	vviite	Pharmaceuticals &	Medical

13. Educational Qualification (Starting from matriculation onwards):

S. No.	Course/Certificate/ Diploma/Degree	Board/University	Year of Passing	Subjects (Main)	%age of Marks

14. Work Experience (Starting from latest organization):								
		Type of		Period		od		Total salary
S. No	Name of the	organiz ation	Post			Period in	Job responsibilities	drawn per month
٠	organization	(Govt. /PSU/	held	From	То	years &		
		Pvt.)				months		
15	. Total Post Qı	ıalificatio	on Experie	ence in A	Appli	ed Post P	rofile (In Years) :	
16	. Total Experie	ence in Go	ovt. Secto	r (If any) (In	Years)	:	
17	. Split up deta	ils of late	st drawn	salary			_ :	
18	. Any two refe	rences (O	ne from l	atest org	ganiz	ation is m	ust) :	
	. Any other rel							
20	. I,		_S/o/D/o	of Shri	i/Smt	t.	Certified that	at the above
information is true and correct, and I shall provide originals as and when the Management								
desires. In case of any information furnished above is proved to be incorrect, I am liable to								
be terminated without any notice and suitable legal action shall be taken.								
Pharmaceuticals & Medical								ledical
						Devic	ces Bureau c	of India
(Signature of the applicant)								
Da	ate:							
Pl	ace:							