

INDIAN MEDICINES PHARMACEUTICAL CORPORATION LIMITED

(A Govt. of India Enterprise)

Mohan, Distt. Almora (Via Ramnagar), Uttarakhand – 244715

------------------------------------------------------------------------------------------------------------------------- APPLICATION FORMAT

*(Please paste recent photograph)*

1. **To be filled in by the candidate in his/her own hand writing.**
2. **Ensure that the essential requirements are being fulfilled.**

POST APPLIED FOR………………………………….……………………

ADVERTISEMENT NO……………………………………………………..

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| **1** | **NAME OF THE CANDIDATE**  **(in Capital letters)** | |  | | |
| **2** | **MOTHER’S NAME** | |  | | |
| **3** | **FATHER’S/ HUSBAND’S NAME** | |  | | |
| **4** | **DATE OF BIRTH** | |  | | |
| **5** | **WHETHER SC/ST/OBC etc. (If yes, please attach self attested copy of certificate).** | |  | | |
| **6** | **MARITAL STATUS** | |  | | |
| **7** | 1. **ADDRESS FOR CORRESPONDENCE (in capital letters)** 2. **CONTACT NUMBER: (iii) Email :** | |  | | |
| **8** | **PERMANENT ADDRESS** | |  | | |
| **9** | **NATIONALITY** | |  | | |
| **10** | **EDUCATIONAL & PROFESSIONAL QUALIFICATIONS (from 10th onwards)**  **(Attach self-attested copies of certificates).** | | | | |
| **Name of Board/ University/ Institution** | **Examination Passed** | **Subjects taken** | **Division with % of**  **marks** | **Year** |
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| **11** | **DETAILS OF WORK EXPERIENCE (Attach true copies of certificates)** | | | | | | | | | | |
| **Name & Address of Organization** | | **Designation &**  **Scale of Pay/ Remuneration** | | | | **Period of Service** | | **Reason of leaving** | | |
| **From** | **To** |
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| **13** | **LAST PAY DRAWN (Basic + D.A.)** | | | |  | | | | | | |
| **14** | **LIST OF DOCUMENTS ATTACHED** | | | **1.** | | | | | | | |
| **2.** | | | | | | | |
| **3.** | | | | | | | |
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| **7.** | | | | | | | |
| **8.** | | | | | | | |

15 Write briefly as to why you consider yourself suitable for the post you applied for:

DECLARATION

“I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect or suppressed, my candidature, at any stage, is liable to be cancelled”.

Date: Signature of Candidate