

# National Medicines Regulatory Authority

## Application for the Post of Legal Officer

1. Name in Full : .....
2. Name with Initials : .....
3. Address : .....
4. District of Residence : .....
5. Date of Birth : .....
6. Age : Years ..... Months ..... Days .....
7. Gender (Sex) : .....
8. National Identity Card No : .....
9. Medium of the Examination : .....
10. Telephone Number - Fixed : ..... Mobile : .....
11. Email Address : .....
12. Educational Qualifications : .....
13. Professional Qualifications : .....
14. Experience : .....
15. Names, Telephone Nos. and addresses of two non-related referees : .....

I hereby declare and assure that the information I have furnished above is true and accurate to the best of my knowledge and belief.

Date : .....  
.....  
(Signature of the Applicant)

**Note** - Applications should be perfected and sent only as per the relevant specimen and the copies of certificates in support of your educational and professional qualifications should be submitted along with the application.