

# NATIONAL MEDICINES REGULATORY AUTHORITY

Application for the Post of .....

1. Personal Details

- 1.1 Name in Full:  
1.2 Name with Initials:  
1.3 Gender : Male / Female  
1.4 Date of Birth:  
1.5 Age : Years: ..... Months: ..... Days: .....  
1.6 National Identity Card No.:  
1.7 Telephone No. Fixed: ..... Mobile: .....  
1.8 Email Address:  
1.9 Address:  
1.10 District of Residence:

2. Medium of Sitting the Exam:

3. Educational Qualifications (Mention from Highest Qualification downwards):

Ser. No.	Qualification	University / Institution	Date Completed / Validity Date	Subjects / Pass
01				
02				

4. Professional Qualification:

Ser. No.	Qualification	University / Institution	Date Completed / Validity Date	Subjects / Pass
01				
02				

5. Experience : (Mention from the present post and downwards)

Ser. No.	Post	Institution	Period
01			
02			

6. Names, Telephone Nos. and Addresses of two non-related referees

7. Applicant's certification:

I hereby declare that the information given above is true and correct to the best of my knowledge and belief.

Date: .....  
Signature of Applicant

8. If an applicant serving in a Government, Semi Government institution, certification of the Head of Institution:

I hereby inform that the applicant Mr. / Mrs. / Miss. .... is serving in this institution as ..... as a permanent / temporary / casual employee and if he / she is selected to this post he/ she can be released from service.

.....  
Signature of Head of Institution  
(Official Seal)

**Note:**

Application should be perfected and sent only as per the relevant specimen and the copies of certificates that prove your educational and professional qualifications should be submitted with the application. Applications that are not perfected compatible to this specimen, incomplete applications and applications that have not fulfilled the qualifications as at the closing date of applications and applications received after the closing date of applications will be rejected.