NATIONAL MEDICINES REGULATORY AUTHORITY

Application for the Post of .....

1. Personal Information: .....

1.1. Full Name: .....

1.2. Name with Initials: .....

1.3. Gender: .....

1.4. Date of Birth: .....

1.5. Age:- Years: ..... Months: ..... Days: .....

1.6. National Identity Card Number: .....

1.7. Telephone Number:- Landline: .....
Mobile: .....

1.8. Email Address: .....

1.9. Address: .....

1.10. District of Residence: .....

2. Medium of Examination: .....

3. Educational Qualifications: (Mention in the order from highest qualification)

Ser. No.	Qualifi-cations	University/ Institution	Date of Completion/ Date of Validity	Subjects/ Passes
01				
02				

4. Professional Qualifications

Ser. No.	Qualifi-cations	University/ Institution	Date of Completion/ Date of Validity	Subjects/ Passes
01				
02				

5. Experience (Mention in the order from the existing post)

Ser. No	Position	Institution	Period
01			
02			

6. Names, telephone numbers and addresses of two non-relatives who can verify the applicant's information:

7. Applicant's Declaration:

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

Date.....

.....
(Signature of Applicant)

8. If the applicant is an employee of state, semi-government institutions, recommendation of the head of institution.

The applicant Mr/Mrs/Ms. ..... is employed as ..... in permanent/ temporary/ casual basis, I certify that he/she can be released from the post, if selected..

Date.....

.....
Signature of Head of Institution

N.B.:

The application form should be completed and submitted only according to the relevant format and copies of certificates confirming your educational and professional qualifications should be submitted with the application.

Applications not completed according to this format, incomplete applications, applications without copies of relevant certificates attached, or applications that do not meet the eligibility criteria by the closing date for applications may be rejected.