

National Medicines Regulatory Authority
Application for the Post of

1. Personal information

- 1.1 Full Name :
 1.2 Name with Initials :
 1.3 Sex :
 1.4 Date of Birth :
 1.5 Age: Days: Months: Years :.....
 1.6 National Identity Card No.
 1.7 Telephone No. Land Mobile:.....
 1.8 E-mail Address :
 1.9 Address :
 1.10 District of Residence :

2. Medium appearing in the test :

3. Educational Qualifications (mention in regular order from the highest qualification)

Serial No.	Qualifications	University/ Institute	Date of Completion / Validity Date	Subjects / Passes
01				
02				

4. Professional Qualifications

Serial No.	Qualifications	University/ Institute	Date of Completion / Validity Date	Subjects / passes
01				
02				

5. Experience (mention in regular order from the present post)

Serial No.	Post	Institute	Period
01			
02			

6. Names, addresses and telephone numbers of two non related referees.

7. Applicant's attestation:

I do hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

Date :.....

.....
 (Signature of Applicant)

8. If an applicant is employed in Government, Semi government institute, the certification of the institutional head.

I do hereby certify that this applicant Mr /Mrs / Miss..... is employed in our institute as a
 on permanent / temporary / casual basis and He/She could be released from service if He/She
 is selected for this post.

.....
 Signature of the Head of the Institute
 (Official Stamp).

N.B.

Applications should be perfected only on the relevant form and copies of your educational and professional qualification certificates in confirmation of same should be submitted along with the application. Applications not perfected to this format, incomplete or those who have not met the qualifications at the closing date of receiving applications will be rejected.