



APPLICATION FORM

Reg No. -----

PHARMACY COUNCIL OF PAKISTAN
GOVERNMENT OF PAKISTAN

Picture 1

FOR THE POST OF SECRETARY, PHARMACY COUNCIL OF PAKISTAN

01. Personal Information: Use CAPITAL letters and leave spaces between words.

Grid for entering personal information: Name in Full, Father's / Husband's Name, Candidate CNIC #

Write your own CNIC No. Or B Form No

04. Gender

Male Female buttons

05. Date of Birth:

Write your Correct Date of Birth otherwise you will be rejected

DD MM YY date entry boxes

06. Postal Address:

All correspondence will be made on this address though courier service or ordinary postal service.

City: District: address lines

07. Phone No: (OFF)

(RES.)

(Mobile)

Phone number entry lines

08. Are you a Govt. / Semi Govt. Servant and applying through proper channel?

In case of Yes, please attach NOC

Yes No buttons

09. Are you a Disabled Person?

Will be verified at the time of interview

Yes No buttons

10. Religion:

Muslim Non Muslim buttons

02. Province of Domicile: Please see your Domicile Certificate and then fill Only One Box (Mandatory)

01. Federal <input type="checkbox"/>	02. Punjab <input type="checkbox"/>	03. Khyber Pkhtunkhwa <input type="checkbox"/>
04. Sindh (Rural) <input type="checkbox"/>	05. Sindh (Urban) <input type="checkbox"/>	06. Balochistan <input type="checkbox"/>
07. AJK <input type="checkbox"/>	08. Gilgit Baltistan <input type="checkbox"/>	09. FATA <input type="checkbox"/>

03. Academic Information: (Please attach copies of your academic certificates at this stage)

Note:

1. Candidate should convert their grades into marks. (O Level / A Level or any other degree having grade).
2. Write exact degree name & major subject mentioned in certificate / transcript.
3. Result awaiting candidates are not eligible.

Certificate/ Degree Level	Degree Title	Specialization/ Major subject	Passing year	Obtained Marks/ CGPA	Total Marks/ CGPA	Board/University /Institute
Matric (10 yrs)						
Intermediate (12 yrs)						
Bachelor (14 yrs)						
Bachelor/ Masters (16yrs)						
MS/ Mphil (18yrs)						
PhD						
Post Doctorate						

<p>Undertaking By the Applicant:</p> <p>I _____ d/s/w of _____ do hereby solemnly declare and affirm that I have read and understood the instructions and conditions for applying and I have filled-up the application form as per instructions given below. In case of any information contained herein is found at any stage to be missing, untrue or forged, my candidature can be cancelled at any stage (even after employment, if so revealed after), and I shall be liable to legal action.</p> <p>Date: _____</p> <p>Thumb Impression _____</p> <p>Candidate's Signature _____</p>	<p>Picture 2</p>
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General Instructions / Information:

- Please fill the Application Form properly with complete and correct information / answers.
- Please DO NOT leave any field blank, otherwise your application may not be considered.
- Incorrect, false or wrong information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- Attach your two recent Passport Size Photographs, copy of CNIC.
- By Hand submission of Application Form is not allowed.
- Last date for submission of application form shall be 15 days from the date of advertisement.

Please Send Application Forms to:

HELP LINE:

+92-51-920419
www.pharmacy council.org.pk

**Pharmacy Council of Pakistan,
14-D West,
1st Floor,
Feroze Center,
Blue Area, Islamabad.**