

**APPLICATION FORM**

**Space for  
Attested  
Passport Size  
Photograph**

- 1 Name of candidate \_\_\_\_\_
- 2 Father's/Husband Name \_\_\_\_\_
- 3 Date of Birth \_\_\_\_\_
- 4 Academic Qualification \_\_\_\_\_  
\_\_\_\_\_
- 5 Professional Qualification \_\_\_\_\_
- 6 Permanent Home Address \_\_\_\_\_  
\_\_\_\_\_
- 7 Address for Correspondence \_\_\_\_\_  
\_\_\_\_\_
- 8 Category (SC/ST/OBC/ExM/BPL/EWS/DSP/PwBD) \_\_\_\_\_
- 9 Date of admission in the course \_\_\_\_\_
- 10 Date of passing the course \_\_\_\_\_
- 11 Registration Number as Ayurvedic Pharmacist \_\_\_\_\_  
with concerned Council/Board \_\_\_\_\_
- 12 Name of employment Exchange Registration No. \_\_\_\_\_

Note: Attested copies of the Matriculation, Academic Qualification, Bonafide Himachal, Category Certificate and any other relevant certificates must be attached.

**Declaration: I, the above named do hereby declare that the above information is true to the best of my knowledge and belief. Nothing is there which has been concealed. If later on any information/certificate is found to be false, my candidature will be liable to be rejected.**

**Signature of Applicant**