

APPLICATION FORM FOR APPOINTMENT AS PHARMACIST (BS-17) ON ADHOC BASIS IN HEALTH DEPARTMENT KHYBER PAKHTUNKHWA

Name of Applicant	
Father's Name	
Domicile	
Date of Birth	
Contact No	
Present Address	
Permanent Address	
Mailing Address	
Marital Status	
Name of Spouse (in case of Government Servant)	
Designation with place of posting of spouse	
Pharmacy Council Registration No.	

QUALIFICATION:

S.#	Qualification	Name of Institution Attended	From	To	Marks Obtained Out of Total Marks
1.	B- Pharmacy				
2.	Pharm-D				
3.	Higher Qualification (if any)				

Please also select the adjacent District to your District of Domicile amongst the advertized Districts.

1.	
2.	
3.	

- i) Name of Zone/District _____
- ii) Do you want to apply on Minority/Disable OR Women Quota _____
(Relevant certificates/proof)

EXPERIENCES FROM A RECOGNIZE INTITUTION AS PHARMACIST (IF ANY), (PLEASE, MENTION EXACT NAME AND DISTRICT OF THE RECOGNIZED INSTITUTE)

Signature of Candidate

The Form must be supported by attested testimonials / documents.