



KERALA STATE PHARMACY COUNCIL

Thiruvananthapuram

Application form for the post of Pharmacy Inspector

Affix recent
Photograph
here

Name (in block letters)		
Date of birth	Male / Female	
Qualification		
Current designation		
Current institution with address & phone no.		
Communication Address		
Email ID		
Phone number		
Total years of experience in Govt/Public sector undertakings		
Professional reference with designation & contact details		
Permission from higher authorities obtained - yes/no		
Declaration	I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, my candidature may be rejected at any point of time.	Signature