



**Ministry of National Health Services, Regulations & Coordination**  
**Pharmacy Council of Pakistan**  
**Feroze Centre, Blue Area, Islamabad**

**Job Application Form for The Post Of Secretary Pharmacy Council of Pakistan**

Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

Gender: Male  Female

CNIC No: \_\_\_\_\_

Attach  
recent  
passport  
size

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOMICILE: \_\_\_\_\_

Contact No: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Band Demand Draft No: \_\_\_\_\_

Do You Posses The Required Qualification /Experience For the Post? Yes  No

Educational Qualification:

S.NO	DEGREE	BOARD/UNIVERSITY	MARKS/CGPA	TOTAL MARKS	DIVISION
01.					
02.					
03.					
04.					
05.					

### PROFESSIONAL JOB/EXPERIENCE

S.NO	NAME OF EMPLOYEEER	DESIGNATION	ADDRESS	DURATION
01.				
02.				
03.				
04.				

### PROFESSIONAL COURSES/CERTIFICATES (IF ANY)

S.NO	CERTIFICATE/ DIPLOMA/COURSE	YEAR OF PASSING	GRADE	NAME OF INSTITUTION
01.				
02.				
03.				
04.				

Signature of Candidate

I hereby certify that all the information /documents provided for the said post are true and correct to the best of my knowledge. I understand that information/documents found to be false /incorrect shall disqualify me from the hiring process and would make me liable for criminal proceedings.

Signature:

Date:

- Attach CNIC & domicile,
- Attaché all the relevant educational documents and experience certificates.