OFFICE OF THE SUPERINTENDENT, GOVERNMENT GENERAL HOSPITAL, NIZAMABAD, TELANGANA Notification No.524/GMCNZB/2021, Dated: /09/2021.

APPLICATION FORMAT FOR THE POST OF Phatmacist (on Outsourcing basis)

Applying for Pharmacist (do not pin staple) recent cle and colou passport sphotogra Fathers / Husband's Name (in CAPITAL letter) Fathers / Husband's Name (in CAPITAL letter) DD MM YY Age Jobate of Birth DD MM YY Age Jobate of Birth SC ST Group OPH OTHERS Degree / Discipline Passed University / Institution Month & Year of Passing Marks %										
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10.Address for Communicat	ion				
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Phone (with STD Code):			14	- AV 1703	
Mobile:					
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Address (Present):					
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Note: Enclosures 1. Proof of Date of Birth (SSC 2. Local Candidate Certificate 3.Caste Certificate issued by 6 4.Bonafied Certificate 4th to 6 5. Intermediate 6. D- Pharmacy and B- Pharmacist C 8.Four Passport Size photogram 09.Govt. / Private Service Ex 10.Aadhar card. All the above documents show should be submitted during	issued by concerne concerned competer 10th macy from recognise ouncil raphs. perience certificate.	nt authority.		er selection the or	iginals
The selected candidates sha		n 7 days after re	eceiving the	appointment ord	ers.
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	Declaration	ı / Undertakin	g		
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2. I am willing to work in Co	vid-19 duties at Gov	rt. General Hosp	ital, Nizam	abad	
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