Application number (Office Use only)

**Bombay College of Pharmacy**

(A Venture of The Indian Pharmaceutical Association – Maharashtra State Branch)

Kalina, Santacruz (East), Mumbai – 400098. India. Tel: (022) 2667 0871 / 2667 1027. Telefax. 2667 0816

APPLICATION FORM

(TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS, NO PART OF THE FORM SHOULD BE LEFT BLANK)

Please affix

a recent

passport size

photograph

Advertisement Ref.

Post Applied for.

Department

1. Name of the applicant (First Surname)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

2. Address: Present (For communication)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | PIN |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Fax : |  |
| E-Mail: |  |
| Telephone: | Office: Residence:  |

Day Month Year

3. Date of birth 5. Nationality:

4. Present Employment: (Attach photocopy of salary slip and appointment letter)

|  |  |
| --- | --- |
| Designation: |  |
| Organization: |  |
| Date of Joining: |  |
| Scale of Pay (Rs.): |  |
| Basic Pay (Rs.): |  |
| Total Emoluments (Per month) (Rs.): |  |

5. Basic Pay expected (Rs.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. (a) Tick-Mark the appropriate Box (Please attach a copy of the documentary proof)

 General SC ST OBC PH

7. Total years of teaching experience:

8. Total years of industry experience and /or research experience:

9. Areas of Specialization

Ph.D-

M.Pharm-

10. Current areas of research

11. Academic Record starting with B. Pharm (please attach photo copies of certificates/Mark sheets)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Examination | Branch/Specialization | College/ University/ Institute | Year | % of marks/Grade/GPA | Division(eg-First Class) | For office use |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

12. Teaching (particulars of your past position(s))(Attach photocopies of service certificates)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | Position held | Date of joining | Date of leaving | Basic Pay with scale of pay | For office use |
|  |  |  / / |  / / |  |  |
|  |  |  / / |  / / |  |  |
|  |  |  / / |  / / |  |  |
|  |  |  / / |  / / |  |  |

 Have you ever been discharged/suspended from any position? If yes, state reasons.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Have you been a research guide? Give details. (Attach University approval letter and copy of title/first page of thesis having guideship details)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No | Degree (M.Pharm/PhD) | University | Title of Thesis | Degree awarded in year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

14. Give details of publications (Attach first page of publication)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr. No. | Title of publication | Authors | Journal name, Vol. No., Pg. No., Year | Scopus impact factor | For office use |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

15. Special Professional Awards/Honours received, if any? (Attach proof)

|  |  |  |
| --- | --- | --- |
| Year | Name of award/Honour | Name of organization |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

16. Co-curricular and extra-curricular professional activities (Attach proof)

|  |  |  |
| --- | --- | --- |
| Sr. No. | Details | For office Use |
|  |  |  |
|  |  |  |
|  |  |  |

17. Membership of professional bodies: (Attach proof)

|  |  |
| --- | --- |
| Name of the Body | Status of Membership: Life/Annual |
|  |  |
|  |  |
|  |  |

18. Details of two Referees (should be familiar with your recent work)

|  |  |
| --- | --- |
| I | II |
|  |  |
|  |  |
|  |  |
| PIN |  |  |  |  |  |  | PIN |  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |

 Name

 Occupation or Position

 Address

 Fax (If any)

 E-Mail

 Phone No. (With STD code)

19. Statement of objectives (To be filled up in Candidate’s own hand writing)

1. Please indicate as to why you wish to join Bombay College of Pharmacy (Max 200 words)
2. How in your opinion do you meet the job requirement as advertised? (Max 200 words)

c) A short paragraph about the research/teaching/development projects you would like to undertake and the courses that you would like to handle (Max 400 words)

**NOTE: a) Please insert page numbers for application form and then provide annexures of photocopies requested as Annexure (Point No)-eg. Annexure 14A, Annexure 14 B…..and so on.**

 **b) Use separate sheet if necessary for any of the above items.**

**DECLARATION**

I, hereby, declare that all entries in this form as well as attached sheets are true to the best of my knowledge and belief.

There are \_\_\_\_\_\_\_\_\_\_\_\_ attached sheets along with this form.

Date:

Place: **(Signature of the applicant)**