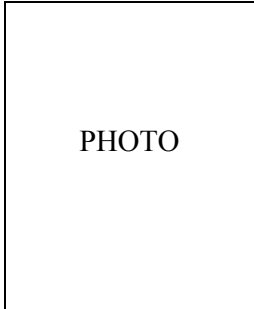


**BHUPAL NOBLES' COLLEGE OF PHARMACY, UDAIPUR (RAJ.)**

**PLACEMENT CELL**

1. Name: .....
2. Father's Name: .....
3. Date of Birth:.....
4. Mobile Nos: .....
5. E-mail I.D.: .....
6. Contact Details:
  - a. Present Address: .....
  - .....
  - b. Permanent Address: .....
  - .....
  - c. Tel. No: .....
7. Educational Details:



| Sr. No. | Degree | Board/University | Year of Passing | Percentage |
|---------|--------|------------------|-----------------|------------|
|         |        |                  |                 |            |
|         |        |                  |                 |            |
|         |        |                  |                 |            |
|         |        |                  |                 |            |

8. Other Qualifications:

| Name of Course | Duration | Regular/Part Time |
|----------------|----------|-------------------|
|                |          |                   |
|                |          |                   |

9. Professional Experience (If any):

- a. ....
- b. ....
- c. ....

10. Publication/Presentation/Conference (If any):

- a. ....
- b. ....
- c. ....

11. Student's preference (Insert priority no's. 1, 2, 3..... in the provided box):

|                                      |                          |   |                          |                  |                          |
|--------------------------------------|--------------------------|---|--------------------------|------------------|--------------------------|
| <b>Production</b>                    | <input type="checkbox"/> | <b>R&amp;D/F&amp;D</b>                  | <input type="checkbox"/> | <b>Marketing</b> | <input type="checkbox"/> |
| <b>Manufacturing</b>                 | <input type="checkbox"/> | <b>Government<br/>Employments</b>       | <input type="checkbox"/> | <b>QA/QC</b>     | <input type="checkbox"/> |
| <b>Hospital Pharmacist</b>           | <input type="checkbox"/> | <b>Retail Pharmacist</b>                | <input type="checkbox"/> | <b>Academics</b> | <input type="checkbox"/> |
| <b>Higher Education</b>              | <input type="checkbox"/> | <b>Drug &amp;Regulatory<br/>Affairs</b> | <input type="checkbox"/> |                  |                          |
| <b>Higher Education<br/>(Abroad)</b> | <input type="checkbox"/> |   |                          |                  |                          |

12. Declaration: I hereby declared that the information provided by me is true to best of my knowledge and belief.

**Date:**

**Place:**

**Signature**

**Note:** Proforma also available on the institutional website [www.bnpharma.org](http://www.bnpharma.org). Submit the duly filled proforma to the BNCP office or mail to [bnpharmacy@gmail.com](mailto:bnpharmacy@gmail.com)

**Remarks of the Convener, Placement Cell:**