



**BHUPAL NOBLES' INSTITUTION, UDAIPUR-313 001 (RAJ.)**

**(Vidya Pracharini Sabha, Estb. 1923)**

To,  
**The Secretary,**  
B.N. Institution,  
Udaipur.

Date:

**Sub.: Application for the post of \_\_\_\_\_**

Dear Sir,

Please find enclosed my application form along with relevant documents and mark sheets for the mentioned subject. Kindly accept my candidature for the applied post in Pharmacy College of your esteemed institution.

**Post:** \_\_\_\_\_

**Specialization:** \_\_\_\_\_

Thanking you,

Yours sincerely,

**(Name & Signature)**



## BHUPAL NOBLES' INSTITUTION, UDAIPUR-313 001 (RAJ.)

(VIDYA PRACHARINI SABHA, Estb. 1923)

### Application Form for Teaching Job in Pharmacy College

|   |
|---|
| <b>Post Applied For:</b>  |
| <b>Specialization:</b>  |
| <b>College in which applied (Tick):</b>                               |
| 1. B. N. College of Pharmacy, Udaipur <input type="checkbox"/>        |
| 2. B. N. Girl's College of Pharmacy, Udaipur <input type="checkbox"/> |
| 3. Both <input type="checkbox"/>                                      |

1. Name of candidate (Dr./Mr./Mrs./Miss):

2. Fathers Name:

3. Date of Birth:

4. Address for Correspondence:

5. Phone No.:

Mobile No.:

E-mail:

6. Academic Qualifications:

| Examination             | Board/University | School/College | Year of Passing | Percentage |
|-------------------------|------------------|----------------|-----------------|------------|
| X                       |                  |                |                 |            |
| XII                     |                  |                |                 |            |
| B. Pharm.               |                  |                |                 |            |
| M. Pharm.<br>( )        |                  |                |                 |            |
| Ph. D.                  |                  |                |                 |            |
| Any other qualification |                  |                |                 |            |

Note: Attach attested copies of mark sheets and degree certificates.

**7. Experience Details:**

1. Diploma course (in years and months) =
2. B. Pharm. course (in years and months) =
3. M. Pharm. course (in years and months) =
4. Professional (in years and months) =
5. Industrial (in years and months) =

| <b>Total Experience (in years and months) =</b> |                    |                             |                     |                           |
|---|--------------------|-----------------------------|---------------------|---------------------------|
| <b>Name of Employer</b>                         | <b>Designation</b> | <b>Period (From__ to__)</b> | <b>Salary Drawn</b> | <b>Reason for Leaving</b> |
|   |                    |                             |                     |                           |
|   |                    |                             |                     |                           |
|   |                    |                             |                     |                           |
|   |                    |                             |                     |                           |
|   |                    |                             |                     |                           |

**Note: Attach photocopy of experience certificates and appointment letter.**

**8. Number of Publications (Papers & Books):**

(Attach a list of publications as Annexure-I)

**9. Number of Staff Development Programmes Attended:**

(Attach copies of certificates)

**10. Editorial Board Member and Referee/ Reviewer in Journals:**

| <b>Editorial Board Member of Journal</b> | <b>Referee &amp; Reviewer in Journals</b> |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |

**11. No. of Projects, Ph. D. and Dissertations Supervised:**

(Attach a list as Annexure-II)

**12. References:**

| <b>S. No.</b> | <b>Name</b> | <b>Designation</b> | <b>Address</b> | <b>Phone No.</b> | <b>E-mail</b> |
|---------------|-------------|--------------------|----------------|------------------|---------------|
| 1.            |             |                    |                |                  |               |
| 2.            |             |                    |                |                  |               |

**13. Any other relevant information:**

(Name and Signature with date)