

| | | | | | |
|----|---|-----------------------|--------------|----------------|----------------|
| 10 | Date of passing B.Pharm | | | | |
| 11 | Total Number of completed years of experience from the last date of month of passing B.Pharm as on 30.04.2012 | | | | |
| 12 | Academic Marks obtained in B.Pharm (For all subjects put together) | Years | Maximum Mark | Marks obtained | No of Attempts |
| | | FIRST | | | |
| | | SECOND | | | |
| | | THIRD | | | |
| | | FINAL | | | |
| | Grand Total | | | | |
| 13 | Whether you are undergoing M.Pharm Degree at the Time of submitting the application; If so Mention the branch & date of completing the Course. (Evidence to be produced) | | | | |
| 14 | Whether you have completed / acquired/ discontinued M.Pharm Degree; If so mention the name & date of discontinuation/ completion of the Course. (Completion/ discontinuation certificate to be produced) | | | | |
| 15 | a. Present Occupation (Refer Prospectus) (Please Tick) | TN Government Service | | Non Service | |
| | | | | | |
| | b. If working in state Government state if (Please Tick) | State Government | | Local Bodies | |
| | | | | | |
| 16 | Are you applying under Physically Disabled Category | YES | | NO | |
| | | | | | |

Place :

Date :

Signature of the Candidate

DECLARATION

I, _____ do hereby solemnly affirm that the statement made and information furnished in my application form and in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue in particulars, I realize that I am liable for criminal prosecution and agree to forego my seat in the College at any stage.

Station: _____

Date: _____

Signature of the Candidate _____

SERVICE PROFORMA :**(To be filled by the forwarding authority)**

| | | | | | | | |
|----|---|-----------|-------------|-------|--------------|----------------------|-------|
| 1 | Name of the Candidate | | | | | | |
| 2 | Designation | | | | | | |
| 3 | Date of entry into Government Service | | | | | | |
| 4 | Total Service as on 30.04.2012 | | | | | | |
| 5 | Whether selected by Tamil Nadu a Medical services. | | | | | | |
| b | State year of selection . (Proof to be enclosed) | | | | | | |
| 6 | Name of the appointing authority | | | | | | |
| 7 | Service status | Temporary | Probationer | | | Approved Probationer | |
| | | | | | | | |
| 8 | Status of the Institution | State | | | Local Bodies | | |
| | | DME | DMS | DPH | | | |
| | | | | | | | |
| 9 | Complete Service particulars till date (May be furnished in a separate sheet in the format duly signed by the forwarding authority) | Sl No | Post | Place | From | To | Total |
| | | | | | | | |
| 10 | Service Particulars if worked / working in Hilly Area | Sl No | Post | Place | From | To | Total |
| | | | | | | | |
| 11 | Whether the candidate is under any subsisting contractual obligation, if so give details. | | | | | | |
| 12 | Present Station in which the candidate is working and address. | | | | | | |

Date :

Signature of the Forwarding Officer with Seal

Office Phone / Fax Numbers

Phone number of Forwarding Officer

Office Seal :

Note: the above particulars should be verified scrupulously and in the event of any malinformation found later, **the forwarding officer will be held responsible.**