

**PRABHA HARJILAL COLLEGE OF PHARMACY & PARACLINICAL SCIENCES**  
**MADR-E-MEHARBAN CAMPUS OF HEALTH SCIENCES**

Closing Date: 30-11-2022

Mob. No: 700678356, 9419225567

Email ID: [principalphcop@gmail.com](mailto:principalphcop@gmail.com)

**Application Form for a Faculty Position**

Paste Photo  
&  
Signature  
across

Post Applied for \_\_\_\_\_

1. Name of the Candidate \_\_\_\_\_ S/o \_\_\_\_\_

2. Permanent Address: \_\_\_\_\_

Aadhaar Card No.: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Educational Qualifications:

Qualifications	Year	Class/Div. (CGPA Score)	University
a) B. Pharmacy	_____	_____	_____
b) M. Pharmacy	_____	_____	_____
c) Pharma – D	_____	_____	_____
d) PhD	_____	_____	_____
e) Any other Qualification	_____	_____	_____

5. Professional Experience :( in chronological order: from previous to present) ( T / R / A / I )

Date (From ___ to)	Position	Organization	Type of experience
a) _____	_____	_____	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____
d) _____	_____	_____	_____
e) _____	_____	_____	_____

(Attach additional sheet if space insufficient)

- Teaching = T / Research = R / Administrative = A / Industrial = I

6. Present Employment: \_\_\_\_\_

7. Publications:

Number

Indian Journals

International Journals

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Reason for leaving present job: \_\_\_\_\_

9. What is the minimum notice (in days) required for your joining in the College. \_\_\_\_\_

10. Mobile No.: \_\_\_\_\_ Email ID \_\_\_\_\_

By putting your signature on this application, you certify that the information entered herein above by me is correct and true and nothing has been concealed or misrepresented.

Signature of the Candidate

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Documents to be attached: Self attested copies

1. Aadhaar Card
2. SSLC certificate
3. B-Pharma, M-Pharma, D-Pharma/PhD etc.
4. Experience certificates for all periods mentioned. No publication list or publication copies may be attached. May be produced at the time of interview.

**For Office Use:**

Application No: \_\_\_\_\_ Received on \_\_\_\_\_

Application fee \_\_\_\_\_ Yes/No

Documents attached: Complete / Incomplete

Qualifications \_\_\_\_\_ PCI approved \_\_\_\_\_ Yes/No (If not, please put comments: \_\_\_\_\_)

Comments of Scrutiny Officer: Accepted/Rejected

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Observations of the Selection Committee.

**Notes:**

1. The form must be filled in completely without leaving any blank space. Items not applicable should be designated as N.A.
2. CGPA figure should be entered in full.
3. Wherever Aadhaar card is not available acceptable alternative identity proof should be given.
4. Self attested copies of the following documents should be attached.
  - a) Aadhaar Card/ P ID document
  - b) Date of Birth.
  - c) Academic qualification certificate(s) with documents depicting class/ grade.
  - e) Experience Certificate(s)
5. One Photograph needs to be attached with your cross signature.
6. No list of publications may be attached with this application. The list which must enclose Impact factor for each publication may be produced at the time of interview.
7. A Demand Draft/ Indian Postal Order of Rs.200 must be enclosed with the application can transfer/Bank Transfer is also permitted.
8. Hard copies of the applications submitted electronically must also be submitted.
9. Address for submission of application (by hand or by post) city office of Prabha Harjilal College of Pharmacy & Paraclinical Sciences, Madr-e-Meharban Campus of Health Sciences, H.No.24/1 EWS Colony Lower Roop Nagar, Jammu.
10. Bank Details:

**Account No: 0316040100007248**

**IFSC Code: JAKA0DURGAN**

**J&K Bank, Durga Nagar, Jammu**

**Account No: 50200053793080**

**IFSC Code: HDFC0009293**

**HDFC Bank, Bantalab, Jammu**