

SR# _____

Company Job Title: **PHARMACIST**

BIODATA

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	
Date of Birth:	
CNIC:	

CONTACT DETAILS

Contact Number:	
Postal Address:	
Email ID:	

LICENSE DETAILS

Pharmacist License Number:	
Issued On:	
Province:	

Are you currently Employed? Yes No

Has your license been previously used for a Pharmacy? Yes No

If Yes, Where? _____ (Please mention duration of engagement)

Expected Salary (PKR): _____ Rs.

Mode of Commute / Transport:

- Public
- Private

Preferred Day Off: Mon Tues Wed Thurs Fri Sat Sun
(Tick One)

Earliest Possible Joining Date: _____

QUALIFICATIONS

School/College	Course/Degree	Time Duration (Month/Year)
		___/___ to ___/___
		___/___ to ___/___
		___/___ to ___/___
		___/___ to ___/___
		___/___ to ___/___

PAST EXPERIENCE

Organization	Job Title	Time Duration (Month/Year)
		___/___ to ___/___
		___/___ to ___/___
		___/___ to ___/___
		___/___ to ___/___
		___/___ to ___/___

DECLARATION

I hereby confirm all the information provided above is correct and to the best of my knowledge.

Name _____

Sign _____

Date _____