

REGISTRATION FORM



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TRAINING & PLACEMENT CELL

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PERSONAL DETAILS

| | | |
|-------------------------------------|---|--------------------------------------|
| PERSONAL DETAILS | | |
| Name of Candidate | | |
| Name of Institute | | |
| Contact No. | | |
| E mail ID | | |
| Employment Status | <input type="checkbox"/> Fresher <input type="checkbox"/> Experienced | Experience (if any in years): |
| Address (for correspondence) | | |

QUALIFICATION DETAILS

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|--|--|------------------------|--|
| QUALIFICATION DETAILS | | | |
| B. Pharm. (% Marks) | | Year of Passing | |
| M. Pharm. (% Marks) (Area of Specialization) | | Year of Passing | |

WORK EXPERIENCE DETAILS

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| WORK EXPERIENCE DETAILS | |
| Name of Organization/ Company | |
| Designation | |
| Job Profile | |