



APPLICATION FOR THE POST OF PHARMACY INSPECTOR

(under 26A of Pharmacy Act, 1948)

To

The Registrar
Karnataka State Pharmacy Council
514/E, I Main, II Stage
Vijayanagar Club Road, Bangalore – 560104

Applicant's Personal Information:

KSPC Registration No.:		Registered Date	
Name of the Registered Pharmacist (As per Qualifying Certificate / SSLC)		Father Name (As per Qualifying Certificate / SSLC)	
Mother Name		Name of the Spouse (Husband / Wife)	
Date of Birth (as per SSLC or 10 th marks card / 10 th Transfer Certificate / Cumulative Record / Birth Certificate / Pan Card / Passport with validity / Aadhar Card)		Gender	
Blood Group		Nationality	
Email		Mobile	
Landline		Languages Known	

Address for Communication

Line 1	
Line 2	
City / Taluk	
District	
Pincode	

Permanent Address: (As per Adhaar / Passport / Voter-id)

Line 1	
Line 2	
City / Taluk	
District	
Pincode	
State	



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Professional Status

Employed (Organization / Institution)	
Company Name	
Designation	
Address	

Educational Details

Qualification	State	University / Board	Name of the College	Year of Admission	Year of Passing	Percentage (%)
SSLC/10 th Marks Card						
PUC / 12 th / Higher Secondary Education						
D.Pharm						
B.Pharm						
M.Pharm						
Pharm.D						
Pharm.D (PB)						
L.L.B						
Bachelor of Laws						
Any other Qualification						

Passport size Photo
with White
background only

I hereby affirm and declare that the information furnished above is true and correct to the best of my knowledge and belief. I also understand that incomplete application is liable to be rejected. I am liable for disciplinary action in case the above information are found to be false and incorrect.

Date:

Signature: